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INTRODUCTORY LECTURE

ON THE

OPENING OF THE MEDICAL SESSION, 1842-43,

DELIVERED AT THE

MIDDLESEX HOSPITAL,

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GENTLEMEN,—On our first introduction to an individual, a natural question, Who is he? What is he? arises to the mind. It is my duty, this day, to introduce you formally to the science of medicine; and you may as naturally inquire, Who is she? What is she? Medicine, Gentlemen, is the science of health, the science by which we are taught to cure disease, to relieve pain, to treat the physical infirmities of mankind. Medicine in the early ages of the world was a science thought worthy of the Gods, and her sceptre recognised no inferior sway to that of kings and princes. Moses, the great leader of the Jewish people, was a physician, and a learned and able practitioner; Chiron, Hercules, and Achilles, were adepts in the practice of medicine; Esculapius, the father of physicians, was a king, and his sons Machaon and Podalirius were no less distinguished in arms than in the arts of cure. These, Gentlemen, are our ancestors. This is our profession. These are our companions of the past and of the future. These are the spirits whom we have to emulate and admire, and, let me assure you, that is no small privilege to be permitted to mingle your names with theirs, to be admitted amongst them, to enter the sacred portals of our pain-healing, ease-conferring profession.

Your first question answered, the next that makes itself heard is, How may we become worthy to walk in so noble an arena, to take arms in so majestic a cause? Gentlemen, the reply is brief. You must be virtuous, you must be untiring in your efforts to excel. The soul that could be content with mediocrity has no right within the precincts of the medical profession. To do our duty to the divine office we seek to fill, we must ever strive to occupy the highest place, otherwise we may chance to fall below even the lowest. The good physician of medicine must be endowed with benevolence, he must be possessed of religious principle, and these, the two cardinal virtues of a good man, must be girt about with unswerving uprightness and conscientiousness. These principles beget industry, for their lustre is wanting, without the activity which gives them exercise; they beget perseverance; while conscientiousness enforces punctuality, and the rigorous fulfilment of duty. These, then, Gentlemen, are the qualities necessary to constitute an honourable and estimable member of the medical profession. The standard is lofty, you may mentally exclaim. You may feel inclined to ask, Can no fragment be dispensed with? The answer is, None. Without all, we are unworthy members of a noble profession. We are that which we should despise in others; let us, therefore, cast the eye of strict scrutiny inwards upon ourselves.

Turning from the first part of a medical education, the ethics of medicine, the shaping of our character to a living model of integrity and uprightness; we may next direct our attention to the intellectual man, to the studies which constitute the basis of our science.

Our first studies commence with our school-boy-days; we are early made acquainted with the admirable writings of the Greeks and of the Romans, and our minds are therein made to receive a bias that tends to an extent beyond belief to the refinement of our manners and future character. The cast-iron and wooden days have happily passed away, when the human mind in its infant state was bruised into form by physical force, by dint of hard belabouring of its external case with the instructor's ferule, while the fathomless dictionary and the mysterious grammar were its only and its miserable assistance. Quitting the path of dreamy ignorance, instructors of modern days pursue the practice which nature herself indicates as the true mode of acquiring learning which

nature employs in teaching to infants their mother tongue. They teach ideas, ideas dressed in the most attractive and agreeable forms; and when ideas have been attained, they furnish us with rules and laws by which those ideas are to be arranged, and new ideas created at our will. By this means the labours of older and abler heads are made available, to the young and unpractised in thought; the studies of a year are concentrated into the focus of a week, and learning, once the bane of budding intelligence, is rendered agreeable and pleasant. A good classical substratum is most valuable and important in medicine; and if any of my hearers should have cause to deplore the tenuity of their resources in this respect, let them take courage in the reflection that it is never too late to begin.

The medical apprenticeship of five years required by the examiners of the Apothecaries' Company, receives most deservedly much of the odium of the deficiency of the medical student in classical information. The examiners still continue to enforce the letter of their law to the oblivion of its spirit. They insist upon the possession of the parchment, without taking any steps to secure to the apprentice the instruction which that parchment was intended to ensure; this is the more to be regretted, since the Board of Examiners of the Society of Apothecaries are composed of men of enlightened judgment, who have contributed more than any other of our corporate bodies to the improvement of medical education. The five years of apprenticeship of the medical student are in too many instances not merely wasted, for their effect is worse even than that, they are, too frequently, a period during which mental idleness is confirmed, and bad and dangerous habits are acquired.

The studies which are necessary to the acquirement of a knowledge of the medical profession, the purely medical studies as they may be styled, in order to distinguish them from the classical and scientific pursuits which constitute the education of every gentleman; the purely medical studies are all comprehended under the general term, MEDICINE. If we proceed to the analysis of medicine, we find it to be constituted primarily of medicine and surgery; the former, according to the old signification of the term, being confined to the consideration of inward complaints; and the latter being limited to outward diseases, and principally to injuries. The origin of these appellations, it may be convenient briefly to develop, in order to comprehend the nature of a distinction which has been handed down to the present day, in virtue of a feud which the two terms seem to have engendered between brethren exercising the same profession, both disciples in the same good and sublime cause.

In the days of our forefathers, medicine, as at the present time, was the science of treating disease, and its practitioners were called physicians. The physicians, as I have before observed, were men of great learning, they were for the most part priests, that is to say, they devoted their lives to the service of God, and to the diffusion of the blessings derivable from that first source among the people. To qualify for this sacred office it was necessary to be versed in the learning preserved in the records of the temples; and they added to their sacred offices the study of nature, and the storing together in the records entrusted to their care, the experience which they gathered from their studies and from the treatment of the sick. Such is the primitive physician; and the standard of the present day, it must be acknowledged, has not far departed from the glorious original.

It will immediately be perceived that the physician-priest must have taken the place of the more usual mode of treating the sick, or, in other words, his services can only have been sought in cases of severity and danger; that in others of less moment, such as wounds and the more trifling diseases, the medical management of the sick must have been left to the good wives of the household, or to some lay individual who may have shown tact and cleverness in the treatment of similar cases, and had leisure to give to the pursuit. Such a person existed in the barber, who, acquiring expertness of manipulation in the duties of his office, information from the tongues of those whose beards he pointed, and furnished with the opportunity of displaying his acquirements, naturally became the right-hand man of the housewife in cases of emergency. He could cleanse excoriated surfaces of the irritating matters that oppressed them; he could pour oils and balsams upon wounds; he could bandage and set straight broken and dislocated limbs; and, finally, he added to his other accomplishments, in imitation of Podalirius, bleeding with dexterity. Such is a profile sketch of the barber-surgeon; the ancient practitioner of medicine, more ancient even than the physician. As the barber-surgeon increased in reputation, or rather, perhaps, as the science of medicine by degrees offered a more enlarged field for occupation, the barber-surgeon relinquished that part of his calling that ministered to the outward adornment of the person, and reserved his time and his thought for the exclusive treatment of disease, and the performance of those operations which the priest-physician thought desirable. The barber, however, is not equally willing to give up his master, for the pole and spiral tape are retained as symbols of his ancient craft even to the present day. Such is the barber-surgeon; I need not stop to show to what a magnificent tree the once humble shoot has now waxed.

The distinctions between the physician and the surgeon were not to be maintained as science progressed; the surgeon no longer

found separate employment in the treatment of wounds and external complaints; a higher grade of education taught him that many external diseases originate in constitutional disorder, and he was compelled to intrude upon the once sacred department of the physician. The surgeon of the present day no longer inquires if the disease which he is called upon to treat be confined to the exterior; braced with the armour of knowledge that may breast and defy the invasions of disease, whatever aspect the enemy may assume, he treats disease according to the principles of our common science, medicine. The physicians, as a body, have not as yet thrown up their special attention to internal disease; their natural range is far wider than that of the surgeon; and necessity and policy together, combine to preserve the early distinctions of medicine.

The limitation of medicine to one or other of the departments of practice which are here implied, is unquestionably conducive to the improvement of our science. Internal medicine, as well as external medicine, is improved by separate culture, for the entire subject, although not too extensive for the grasp of a single individual, is far too vast to reap advantage from his labours, and can alone be perfected by separate study. Nevertheless, medicine and surgery combined, form the common practice of our country; they constitute the field of utility and exertion of the general practitioner, and in his hands are signally successful. Britain may boast with pride that her practitioners of medicine are surpassed by none others in the world.

Recurring to the subject of medical studies, from which I have somewhat deviated, and taking medicine as the pinnacle of our temple, we have seen it to be raised upon an arch, representing by its one extremity internal medicine, and by the other external medicine, or surgery. The pillars which support this arch are—

Anatomy,
Physiology,
Chemistry,
Therapeutics,
Botany.

Midwifery and Jurisprudence are cornices which run through the entire span of the arch, belonging alike to internal medicine and external medicine. Virtue, by its elements, Religion, Conscientiousness, and Benevolence, constitute the foundation of our architecture; and Education, classical and intellectual, are the steps by which we ascend to its portals.

Anatomy is that part of our science which teaches the structure of the animal frame; the form, the size, and the position of its various parts, their mutual combinations and dependencies. It teaches us that the animal body is composed of bones and cartilages, of ligaments; of muscles, with their tendons and aponeuroses; of blood-vessels, with the propelling organ of the blood, the heart; of lymph-vessels and chyle-vessels; of nerves, with their central masses, the brain and spinal cord; of organs or viscera for the purification of the blood; of others for the digestion of our food; of others, again, for the perception of relation with surrounding objects; and, lastly, of organs for the perpetuation of our race. While we examine these constituents in man alone, we are engaged in the study of *Human Anatomy;* and when we discover the necessity as well as the advantage of comparing the structure of man with the rest of animals, a delightful episode, we occupy ourselves with *Comparative Anatomy.* The anatomist, however, is not long content with the bare enumeration of the constituents of the animal body, with their forms and other physical attributes; he seeks other information than that which the preceding, or *Descriptive Anatomy,* as it is called, can furnish. He requires to be made acquainted with the intimate structure and composition of the bones and cartilages, the ligaments, the muscles, and their tendons and aponeuroses, the vessels, the nerves, and the viscera; he seeks, in fact, that learning which is comprised under the term *General Anatomy.* General anatomy resolves the animal body into separate tissues, such as osseous tissue, fibrous tissue, muscular tissue, &c.; these tissues, again, it distinguishes according to their more elementary composition of *proximate organic elements,* viz., of fibrine, albumen, gelatin, &c.; and these latter it further resolves into ultimate organic elements, viz., oxygen, hydrogen, carbon, nitrogen, &c., beyond which man's investigation is unable to proceed. Such is the anatomy of health, but it not unfrequently happens that the constituents of the body, altered by disease, put on appearances different from their normal characters; the study of these peculiarities, with which we become familiar by continuous application and observation, constitutes *Morbid* or *Pathological Anatomy.*

It is needless to enlarge upon the advantages of anatomy, or upon the necessity of a thorough knowledge of its branches to the physician and the surgeon. I may illustrate its value by inquiring, How the physician can detect and distinguish a disease of the heart, a disease of the lungs, of the stomach, or of the kidney, without a clear perception of the situation of these organs? How can the accoucheur establish a correct diagnosis as to the result of a case of difficult labour, without a perfect knowledge of the anatomy of the pelvis and its dependencies? How can the medical jurist announce an opinion on the effects of poison or injury inflicted on the tissues of the body, without a knowledge of these tissues in their normal state? In what manner can the surgeon discover the parts injured by a bullet shot, or by a small sword wound, who is not thoroughly ac-

quainted with the structure of the regions in which the injury is received? or, again, How could he perform an operation calling for a lengthened dissection, among parts rendered intricate by morbid displacement, without being able to recognise, at every line of his progress, the tissues between and through which his knife is making its way?

Anatomy, again, teaches us the presence of an Eternal Wisdom in the construction of the animal frame; it teaches us to comprehend an omniscient design. That design which, to sustain the huge carcass of the elephant with the material necessary for his nutrition, provided him with millstones, in the form of teeth, for the trituration of the vegetable substance on which he feeds,—millstones which, from their composition of alternate layers of dense enamel, less dense ivory, and least dense crusta petrosa, always presents the conditions favourable for grinding, namely, a rough surface; millstones which, unlike those hewn from the rock by the hand of man, continue to rise to their original level as fast as they are worn away by use, which grow during the whole life of the animal, advancing from the posterior parts of the sockets of the jaws as they are worn away by friction in front; that design which, to move the enormous jaws in which these teeth are imbedded, and at the same time to sustain their prodigious weight, has separated the two tables of the skull to an extraordinary extent, in order to furnish surface for the attachment of large and powerful muscles; which still further, to provide for the weight of the head, has placed it near to the shoulders of the animal, almost over the two stout pillars which support the anterior part of the colossal trunk of his body, instead of attaching it to the extremity of a lever, as in the horse or giraffe, where once lowered to the grass, it must needs defy the creature's strength to raise; and which, to compensate for this shortness of neck that deprives the animal of the means of cropping the verdure of its native plains, like other herbivorous quadrupeds, has created an organ which combines strength with rapidity and pliancy of movement, which is at once an arm, a hand, a drinking-cup, and a thong of deadly force. I select this out of the thousand examples that anatomy spreads before us, because it was a favourite illustration of one who not long since stood upon these boards, but who has now departed from amongst us; who has left the instances of heavenly design so richly crowded around us in this earthly sphere, to read in the great volume of Omniscience the secret laws which direct the principles of design and govern the universe; one who was known and valued by many around me, and to whose memory even those to whom he may have been known only by his works will not refuse a sigh consecrated to a great man and an eminent physiologist—Sir Charles Bell.

Physiology is that part of medical science that discovers the uses and modes of action of the various constituents of the animal fabric. As anatomy is the study of the organism at rest, physiology pursues its varied phenomena of activity. It teaches us the uses and intent of the multiple forms that occur among the bones; the nature of the movements of the numerous joints; the dynamic forces and actions of the muscles; the hydraulic operations of the circulating fluids; the functions of the nervous system and organs of sense, and of the viscera of organic life. Physiology, like anatomy, may be *human*, or it may be *comparative;* it may be *general*, or it may be *special;* it may be the physiology of *health* or of *disease*. The physiology of disease is termed *Pathology*, and this department of our science bears the same relation to morbid anatomy that physiology holds to normal anatomy; teaching us not only the existence of morbid products, but showing us in what manner these products are formed, and in what manner they are capable of displaying their action upon the rest of the system.

Chemistry is equally important as a pillar of the temple of medicine with anatomy. I have already remarked, that anatomy avails herself of the assistance of chemistry, in discovering the proximate and ultimate composition of the animal tissues; but it is as an auxiliary to pathology that chemistry is especially useful. And chemistry in its most valuable branch in relation to medicine, viz., organic chemistry, has recently become a new science in the hands of the distinguished Liebig. By the aid of chemistry we are enabled to test the purity of the atmosphere which we breathe, of the water which we employ as drink, and of the food which we take for our support. By chemistry we are enabled to detect disease in deeply-hidden organs, as in the kidney; we can ascertain with precision the nature of stone within the bladder, and by its means we are directed to the proper measures to be adopted for the cure of these diseases. Chemistry, again, is an invaluable agent in the discovery of poisons, and in the determination of the proper agents to be employed for the purpose of preventing their effects.

Materia Medica and Therapeutics are the coffers in which the remedies of medicine are contained; the perfect diagnosis of disease, and a complete knowledge of its pathology would be useless, without an equal degree of information on the means which nature and art have assembled together for its cure. It is for his therapeutic knowledge that the public value the medical man, and upon this point they assume to themselves a right of judgment. This is a branch of medical study which is eagerly pursued, and one which, though its details may be uninteresting to the student, is of the utmost value to the practitioner, and one of which

the knowledge or its absence tells in his walk through life, and facilitates or impedes his progress.

Botany, one of the most attractive studies with which the student is required to make himself acquainted, is useful as it is beautiful. By its means we are made acquainted with the distinguishing characters of the various simples which contribute to our store of remedies. We learn to distinguish the useful from the noxious examples of vegetation, and we become possessed of a most pleasing auxiliary to our cheerfulness in after-life, in our wanderings through the verdant plains of nature.

In glancing our eye over the auxiliaries of medicine and its improvements, it is impossible not to be struck by the benefits which the microscope has conferred upon its study. The microscope enables us to analyse the intimate structure of organs to an extent that may be compared with the powers of organic chemistry in relation to their ultimate constituents. It enables us to comprehend that which, without its aid, would be a closed volume to our search; and it explains many of the phenomena of life which otherwise must have lain for ever hidden to our investigation.

The microscope is an engine of early use; the researches of the sublime philosopher Leuwenhoek have long formed an important era in medical as well as in physical science. His labours in this department were immense, and time has served but to confirm their truth.

Startled by the discoveries of Leuwenhoek, the desire for microscopical investigation spread like an epidemic contagion among his successors. The qualities of mind necessary for the prosecution of microscopical investigations were not for an instant considered. The test of the microscopist was the possession of the instrument.

The consequences of such a state of matters may easily be conceived: with imperfect physical information, imperfect apparatus, and imperfect manipulation, microscopical inquiries presented so ludicrous a picture of the perversion of good, so hideous a caricature of sober sense, that that which was true was rejected alike with the false; microscopical observations were regarded with distrust, the microscope was consigned to the lumber-room, and every man considered himself warranted in turning to ridicule one of the most important of modern aids to medical investigation.

In this state of gloom was microscopical science in this country when the decade of 1830 dawned upon physical observers. The microscope had in the mean time been greatly improved by the labours of two excellent opticians of London, Powell and Ross. These gentlemen had outstripped all their competitors in the manufacture of microscopes, and soon became conspicuous by the extraordinary results of their emulative contest; a contest which has terminated in rendering the microscopes of England superior to any in the world.

With the instruments of Powell and Ross microscopical research has within the last few years risen to an unparalleled elevation. Objects of extreme minuteness are presented with perfect accuracy of definition to the eye, and any errors that may arise must originate in the mind of the observer, and not from any deficiency of perfection in the inorganic apparatus. It is perhaps not altogether useless to remark, that to comprehend the appearances exhibited by the microscope requires time and assiduous study; the perfect knowledge of an atom so minute as a corpuscle of blood, can only be attained by the labour of weeks, nay, of months, and any errors which the microscope may have the credit of creating, must be referred to negligence on the part of the observer, who may choose to rush to a conclusion at once, rather than undertake the labour which necessarily attends mature observation. Other observers are liable to arrive at erroneous results by following the whisperings of an excited imagination, and seeing those things only which theory has pictured to the mind. Indeed, the science of the microscope is, like other sciences, beset with difficulties, which assiduity and perseverance alone can conquer.

I may illustrate the splendid results of the study of the microscope to physiology by pointing to the discoveries of Dr. Martin Barry in embryology; to those of Mr. Gulliver, on the corpuscles of the blood, of pus, and in the structure of the animal tissues; to those of Mr. Bowman, on muscular fibre, and on the structure of the kidney; and to those of Mr. Nasmyth, on the structure of the teeth and epithelium.

Pathology, like physiology, has received a rich harvest of illustration from the microscope; though in this department science may be regarded as in her infancy. Our knowledge with regard to cancer and the so-called malignant diseases, has been greatly enhanced by the labours of Müller and Kiernan. The discovery of the cellular origin of the embryo and of all animal tissues, both normal and abnormal, throws a brilliant light on the general anatomy of disease. I may render this point interesting to you, by mentioning the curious discovery of the cellular structure of the bright yellow, cup-like crusts of ringworm (favus). This crust has been shown by Dr. Gruby, of Vienna, and Dr. Gruby's observations have been verified in this country by Dr. Hughes Bennett and Mr. Busk, to be a capsule, composed of two layers, an outer stratum of epidermic scales, and an inner stratum of yellow homogeneous granular substance. The cavity of the capsule is filled with

elongated cells, connected by their extremities, and constituting a ramified interlacement of hollow cylinders, which Dr. Gruby regards as a vegetable formation, a cryptogamic plant, belonging to the genus mycodermis. The terminal cellules retain the ordinary form of cells, being very little longer than their breadth, and these Dr. Gruby considers to be the seeds or sporules of the plant; so that favus, according to this author, is a disease communicated by the transmission of seeds, and these latter falling in a situation favourable for their development, take root and grow. Dr. Gruby adds to this narration the singular observation, that he has succeeded in reproducing the mycodermis upon a plant by inoculating its tissues.

A microscopical discovery not less remarkable than that of Dr. Gruby, has been made during the present year, by Dr. Simon, of Berlin. It consists in the detection within the small mass of sebaceous substance which collects in the follicles of the skin, and becomes darkened at its extremity, and to which we give the name *comedo*, or *grub*, of an articulated animalcule of considerable size.

During the summer I have examined several hundreds of these animals—they are obtained without difficulty, being found in almost every collection of sebaceous substance which can be squeezed from the skin; and they have been termed by Dr. Simon *acarus folliculorum*. According to my observations, the animalcule is about 1-100th of an inch in length, and about one-fifth of that measurement in breadth. It has a head provided with mandibles, and two large maxillary palpi; a thorax, the largest part of the animal, with eight stout legs; and a lengthened abdomen, composed of annular segments, which overlap each other from before backwards. The head is capable of retraction within the chest; its movements are slow but powerful; and it undergoes transformation during its development, frequently exuviating its epidermis. It is worthy of remark, that this singular creature gives rise to no morbid irritation of the skin, exciting at most a very trifling degree of itching.

I have thus, Gentlemen, endeavoured to present to you a brief sketch of the profession into which some amongst you are about to enter. And I feel that I cannot conclude more aptly than by again urging upon you the reflection that knowledge, talent, and industry will avail you little in the medical profession, and will gain you little esteem, either among your professional brethren or in the eyes of the public, unless you conjoin, with mental ability, the uprightness and dignity of conduct which are the natural offspring of a religious and a virtuous life.

CHARING-CROSS HOSPITAL.

The introductory lecture was given by Dr. Shearman at this hospital on the 1st instant.

The lecturer commenced by recommending the thorough knowledge of anatomy and physiology as being essential to the medical student. He took a hasty glance at various hypotheses which have been broached on the nature and origin of life, denying the truth of those which attributed life in its origin or continuance to the action of chemistry or electricity, to the exclusion of an inherent vital principle. He then proceeded to draw a contrast between the instinctive faculties of the lower animals, and the rational faculties in man; showing that the actions of animals regulated by the former, were invariably the same under given circumstances throughout all generations, and in every individual of the respective species; whereas the actions of man under given circumstances, varied according to the greater or less successful cultivation and improvement of his rational powers.

Dr. Shearman then brought under review certain phrenological doctrines, towards which he seems by no means to be favourably disposed. We shall give a few extracts from this part of his lecture:—

"That different mental faculties are located in separate portions of the brain appears to me to be an untenable hypothesis; the brain furnishes the medium of communication between the internal and external world, by means of which organ the various attributes of mind are displayed. But conscientiousness, for instance, no more resides in the brain, by means of which its existence is displayed, than the will resides in the voluntary muscles, by means of which the desire of locomotion is accomplished. * * * * The voluntary muscles are the organs by which the will is manifested, and it cannot be manifested in any other possible way; yet the will does not depend upon the size and development of the muscles. The brain is the organ by which conscientiousness is manifested, but this faculty does not depend upon the size and development of any particular portion of that organ. The will is not the result of the action of the voluntary muscles; conscientiousness is not the result of the action of the brain, or any of its parts.

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"Some instincts are temporary, lasting no longer than is requisite to fulfil the purpose for which they were planted; such as the love of offspring in the lower animals, which continues no longer than is essential to rearing the young, and then entirely ceases in the parent, at least for a time, and until a future progeny may be benefitted by its operation. If the degree of this manifestation, as the phrenologists call it, be in exact proportion

to the size and development of the organ manifesting it, how is it that the instinct or propensity entirely vanishes; that the manifestation of philoprogenitiveness entirely ceases, whilst the organ can have suffered no diminution, but rather, on the contrary, must have become increased by the exercise of it. * * * If the organ increases in size in proportion to the exercise of the faculty, this organ must be larger at the termination of the instinct than it was at the commencement; it must have been increasing in development during the whole time the animal was fostering its young; why, therefore, did the instinctive feeling cease, its appropriate organ not only not diminishing, but, upon this hypothesis, actually increasing in size, by exercising the propensity. * * *

"If we wish to eradicate an evil propensity in any person, we do not think to effect this by primarily operating on the brain, and diminishing the size of one particular portion of that organ. Indeed, how could we accomplish this without employing some material substance which could operate on the material substance of the brain; but we employ moral means only which produce their effect solely upon the mind, considered as a distinct entity, and cannot primarily act upon the material substance of the brain. * * * It is difficult to conceive that when we employ moral means to eradicate any vicious propensity, its primary effect should be exerted upon some part of the brain, so as to diminish the size and activity of some distinct organ, and in consequence of such diminution the disposition shall be amended. If, on the contrary, the moral means act primarily upon the mind, and the organ becomes diminished in consequence of its being less exercised, then the knowledge of the connection between the organ and the disposition, if such there be, cannot be of the slightest practical utility. We employ the moral means to effect our purpose of correcting the disposition; whether the phrenological organ does or does not vary in size or activity during the progress of this correction, cannot be of the slightest importance for us to know.

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"We know of no method by which we can primarily diminish the development or activity of the material organ of destructiveness, so as to diminish the propensity to cruelty; but we do know that such propensity may be diminished by moral means furnished to the mind. Whether any particular part of the brain undergoes diminution whilst we are improving the moral feelings of an individual by motives furnished to the mind, is not of the smallest importance for us to know. * * * Moral feelings were cultivated and improved before any suspicion was entertained that they resided in any particular portion of the brain; and if it be a fact that they do so reside, a knowledge of this fact neither increases nor diminishes the facility of our still effecting the same improvement by the means previously employed. If we wish to eradicate the propensity, we must still employ moral means; we cannot primarily effect the diminution of the supposed organ, and in this way improve the disposition. * * * The different phrenological organs must at the time of birth either be in a state of equal balance, or there must be some degree of preponderance in some one or more of them; if the latter be the case, if any one preponderates, the propensity or feeling belonging to such preponderating organ must *necessarily* be predominant, and there can be no moral responsibility. If, on the other hand, all the organs be at birth in a state of equal balance, what can at first disturb or derange this balance so as for the individual to manifest any preponderant propensity or feeling? What can produce the enlargement or increased activity of one partical portion of the brain? * * Some phrenologists exhibit casts of the skull of the same individual, taken at different and distant times, when the shape of the cranium and preponderance of the different organs have undergone a change, and are said to correspond to the alteration which has taken place in the moral and intellectual character of the individual. Here a question arises, Which alteration took place previous to the other? Did the shape of the skull first alter, and the character change subsequently? and if so, by what means was the alteration of shape produced? If the character was changed, solely by the exercise of judgment and reflection, purely moral means, of what possible utility can the knowledge of the connection between the organ and the disposition be? Since the organ only alters subsequently to, and in exact proportion to the previous alteration of the character, the conduct of an individual will be a surer test of an amelioration of disposition than the alteration in the shape of the skull. * * * Children at a very early age exhibit signs of a benevolent or malevolent disposition; a careful parent endeavours to ameliorate or eradicate the latter by judicious moral management, and sometimes with success. Is this effect produced by primarily diminishing the size or development of a particular portion of brain, the supposed seat of the vicious disposition? If it is not, but the correction of the disposition arises from motives operating on the mind, of what consequence is it whether the particular portion of brain constituting what the phrenologists call the organ, be diminished or not? The knowledge of the connection between the organ and the disposition is perfectly useless. It would be otherwise if the organ could be diminished by manipulations applied to the scalp. * * *

"Admitting that the disposition and propensities of a child could be ascertained by observing the formation of the head and the

preponderating size of particular organs, of what possible utility would it be, since the cure of vicious propensities can be effected by moral means *only*, and not by external applications. The actions of the child will soon lead to a knowledge of his disposition, without any examination of his skull, and suitable moral means would be adopted, the effect of which could not be at all increased by any knowledge of the external protuberance of the supposed organs. * * * It is asserted by some phrenologists that the inferior propensities or faculties are to be controlled by the faculty of conscientiousness, meaning by that word, I suppose, conscience or the moral sense; by which we perceive some things in human conduct to be right and others to be wrong; the first principles of morals being the dictates of this faculty. But as the extent and degree of conscientiousness must, according to their doctrine, depend upon the size and development of the organ, there can be no equal responsibility. How can a man with a very small organ of conscientiousness restrain the inferior faculties or propensities as effectually as a man who is endowed by nature with a very large development of the organ of conscientiousness? There can be neither merit nor demerit in a person whose organ of conscientiousness is larger or smaller, according as it has pleased his Creator to bestow it. That the moral character and conduct of a person depend solely upon the relative size of the different organs cannot be denied, if the doctrines of phrenology be true. Indeed, I find it stated in a review of a phrenological work that 'phrenologists have long proclaimed that the great cause of the incorrigibility of criminals is the excessive predominance of the *organs* of the animal propensities over those of the moral and intellectual faculties.' Can the individual be responsible for this excessive preponderance? Is the material organisation of his bodily frame under his own control? * * *

"If the various degrees and kinds of intellectual power and of *moral feeling* depend (as is asserted by an author of no mean talent) upon 'those diversities of cerebral organisation which are indicated by, and correspond to, the differences in the shape of the skull,' over the structure of which he has no power, there can be no moral responsibility in man. As it is not in man's power to determine or regulate the size and development of those organs, man cannot possibly prevent his disposition and conduct being in accordance with the preponderating influence of these respective organs. But if he possesses within himself, as he most assuredly does, that which enables him, independent of all material organisation, to eschew evil and to practise good, according to the *fixed determination of his own will*, then he becomes responsible as being a perfectly free agent. * *

"I have now briefly animadverted upon two pernicious errors which are of late becoming in some degree popular, and from the adoption of which I wish to dissuade you. One, the sufficiency of the ordinary laws of mechanics and chemistry to explain the varied and important functions of the living system. The other, the dependence of the intellectual and moral powers of man upon the size and development of certain parts of the cerebral mass; the latter of which, if carried out to its fullest extent, must unavoidably lead to materialism and fatalism. * * * No apology, it is presumed, can be necessary for canvassing the opinions held by others. Truth can never suffer by discussion. If the objections I have brought forward are untenable, it is for the supporters of such opinions to show the futility of them, and to demonstrate the reality and utility of their science. If they can do this effectually no opposition can overturn it. * * * The attempt to impugn these doctrines, will, I am aware, be considered a proof how far I have been left behind in the railroad progress of *modern discoveries;* but whilst I can travel securely upon the ancient and beaten path of sound observation and experience, I am content to travel slowly; nor am I at all inclined to adopt opinions which, however imposing and captivating they may appear on a superficial view, are far, very far, from being based upon the immutable foundation of true science."

ST. BARTHOLOMEW'S HOSPITAL.

INTRODUCTORY LECTURE.

Mr. William Lawrence gave the introductory lecture at this institution at half-past two on Saturday afternoon.

He commenced by saying that the profession which had been chosen by his auditory was one of the noblest pursuits which could be followed by man, provided it were undertaken with that due respect for morality and religion which should form its most prominent feature. He proceeded to eulogise the piety and benevolence of those individuals who had founded that hospital, originally established for the treatment of the sick only, but within the last half century converted also into a valuable school of medicine. It had been questioned at first whether such union could be safely effected, but experience had proved that the school and hospital afforded mutual aid to each other; for whilst the hospital formed an ample field of clinical study,—the only solid basis of medical knowledge,—the presence of students in the wards kept up the attention of the medical officers to the patients, and ensured the best kind of treatment. The hospital was large, which, however, was of less importance than

the opportunities which it afforded for the study of disease. Thirty thousand patients were annually relieved at the institution. It contained between five and six hundred beds, and not only had the students the privilege of accompanying the medical officers round the wards, as also the dressers and house-surgeons, but they might have access to them at any time for the purposes of observation and study.

Clinical instruction was faithfully given to the students. Nothing gave the medical officers more pleasure than to impart information at the bedside, and clinical lectures were regularly given. He mentioned this more particularly, as at this time when the papers were full of advertisements of the various schools of medicine, clinical instruction was made a prominent feature, but he believed it had no other existence than in the advertisements. In addition to these lectures, post-mortem examinations were regularly made by the house-surgeon and the curator of the museum. Prizes were regularly given. Two new ones had been instituted; one by the treasurer, to be given to the student who kept the best account of cases treated, the number not to be less than twelve. The other prize had been founded by the chaplain.

He felt, as they all must feel, the importance of religion to the medical man, the necessity of following in the footsteps of HIM who went about to do good—a feeling which tranquillised the mind in pain and disease, smoothed the passage to the grave, and prepared us for a better state of existence. This prize was to be awarded to the writer of the best thesis "on the connection of revealed religion with physical science."

He proceeded to enumerate the advantages of that school as a place of study, and spoke of the various lecturers and the plan of tuition they pursued. With respect to that portion which fell to his lot to teach—surgery, he observed that the division between medicine and surgery was an arbitrary one, having no real existence except in practice, and which, as it were, had naturally arisen from the necessity of the division of labour. But there could be but one pathology, and a knowledge of surgery was as essential to the physician as a knowledge of medicine was to the surgeon. The derivation of the word chirurgeon was merely that of "work of the hands;" but he could assure the students that this by no means formed the more important part of the science and practice of surgery, which required a much greater work of the brain. He cautioned them against being led away by the brilliancy of operations, which, however fascinating, formed but a very small part of the surgeon's duty, and one which he should be always anxious to avoid; and though they should by operating upon the dead obtain dexterity in the use of the knife, yet they should never forget that the great triumph of surgery was to prevent operations, and to decide upon such cases in which it was and was not necessary to resort to operative procedure. Let them recollect, in relation to this, the humane remark of the great John Hunter, "that operations, by which we mutilated our patient, were but a reflection upon the imperfection of our own knowledge." As the science of surgery advanced, the number of operations became less. When he became first connected with that hospital there were three-fourths more operations than there were at the present time. Nothing was then more common than removal of the breast, the testes, or a limb; but these were now rare operations.

He proceeded to speak of the men who had done the most to raise surgery into a science. Of these the foremost in all countries and of all ages was John Hunter; among those who followed in his footsteps was Abernethy, a great admirer of his master, and the founder of the school in connection with St. Bartholomew's Hospital. Pott, Desault, Scarpa, and others, were also great improvers of the science and practice of surgery. These men were called men of genius; they no doubt possessed greater natural powers than common men, but they would be more properly called men of industry. Hunter had but five hours sleep, the rest of the twenty-four hours he devoted to labour; and Bichat, whose researches were so original and so extensive, died at thirty. It was in the power of every individual who had industry to acquire distinction.

He proceeded to speak of the necessity of the student seeking at once for information by the study of the great Book of Nature—books and lectures could teach him little compared with what he might learn in the wards of the hospital—the knowledge obtained from the one source might be compared to that which was gleaned by reading a description of a country, while that from the other might be likened to the knowledge acquired by a traveller who had seen the place. He did not recommend the reading of many books during the time of pupilage. The time consumed by such reading might be much more advantageously spent in the dissecting-room, and in the observation of disease. He exhorted the students to industry, and concluded a long address with a moral and religious peroration.

DISEASE OF THE PROSTATE.—As to other treatment, prevent lodgment in the rectum, by clysters. Apply leeches to the hæmorrhoidal vessels; use mild laxatives and the tepid bath; give a pill with conium, and pil. hydrarg., or soap and opium, or Dover's powder; the bowels being kept open the while by castor-oil and manna, sulphur and confection of senna.—*Sir Charles Bell.*

PROPOSAL FOR

EXCISION OF THE SPLEEN,

AND TYING THE

SPLENIC ARTERY AND VEIN,

AS A REMEDY IN SOME

PROFESSEDLY INCURABLE DISEASES.

By Francis Eagle, Esq., Surgeon.

I have the honour to propose for the consideration of the profession, as a new remedial agent in many diseases, the operations of tying the splenic artery or vein, or both, or entire excision of the spleen, and at short intervals will show the foundation on which such proposition reposes. I shall introduce the subject by showing the dangerless nature of the operation, as compared with other grand operations in surgery.

Dr. Blundell relates two cases where the spleen was entirely removed; one, that of a soldier whose side was laid open by a sabre wound, at the battle of Dettingen, the spleen protruding and lying some hours in the dirt. It was removed by the surgeon. The man recovered, and seemed to suffer afterwards no inconvenience referrible to the want of the spleen. Mr. Cline used to relate this case.

A second case, that recorded by Dr. O'Brien, in his inaugural dissertation—the case was under his personal care. The man was a native of Mexico. The spleen lay out for two days before the surgeon was applied to; the bleeding was profuse, the vessels and other connections were secured by ligature, and the spleen separated completely from the body on the twentieth day of the wound. On the forty-fifth day the man was discharged from the hospital cured, and observed to some one about this time, that "he felt as well as ever he did in his life."

A third case of partial excision is thus related in The Lancet of May 20, 1837, from the *Calcutta Journal*:—T. Chapman, Esq., of Purneah, enclosed an account of a case of injured spleen, which was excised by Dr. Macdonald, of that station. A native, about thirty years of age, was gored by a buffalo, and through the wound, which was about three inches in length, protruded a part of the spleen. Six days afterwards the man sought advice from Dr. Macdonald, who removed it with the knife, and the patient rapidly recovered.

These operations not only show that the human spleen may be removed with impunity, but that under highly unfavourable circumstances the operation has been *uniformly* successful: in dogs and rabbits the fact is notorious. The *duration* of the operation is another point well established.

Dr. Blundell, Mr. Mayo, Mr. Dobson, and others (myself included), have repeatedly performed the operation in these animals, and have also noticed the remarkable fattening after the operation. So far as I know, however, I am the first to propose this operation as a remedial agent, having been led into this inquiry from experience of the fact, that idiopathic disease of the spleen and secondary disease of the spleen (or diseases produced through the medium of unhealthy blood, and of which diseases unhealthy blood is a necessary forerunner) exist to a considerable extent in this country, comparatively unrecognised as such by the common sense of the medical profession of the day, although pointed out by Hippocrates two thousand years ago.

The following cases show the *remarkable effects of tying the splenic artery and vein in marasmus, with hydatids, in rabbits*:—

Observation I.—Aug. 3. I opened the abdomen of a cachectic, emaciated rabbit in the left hypochondriac region. From the wound two hydatids escaped. I then tied the splenic artery, but did not extend the incision, to see (as I often have done) if there were tubercles visible in the liver, although it is highly probable that such was the fact; for while tubercles in the liver of the rabbit are often met with where no hydatids are present, hydatids are rarely met with in the absence of tubercles; and their frequent coincident occurrence in rabbits renders, I think, plausible the opinion of Mr. Carmichael, of Dublin, that tubercles are parasitic in their nature, and form the last link in the chain of the last class of animals, the entozoa.

18. Unfortunately I did not weigh the rabbit at the time of the operation, but I am satisfied he is fattening fast. That there might be no room for doubt, to-day I weighed him. Weight, three pounds twelve ounces.

25. Weight, three pounds fifteen ounces; gain in the week, three ounces.

Sept. 1. Weight, four pounds five ounces and a half; gain in the week, six ounces and a half.

8. Weight, four pounds eleven ounces and a half; gain in the week, six ounces.

15. Weight, five pounds one ounce and a half; gain in the week, six ounces.

22. Weight, five pounds four ounces and a half; gain in the week, three ounces.

Observation II.—Aug. 4. I selected from a lot of rabbits *one* emaciated, and having on its skin cachectic sores, and before operating it was weighed. Weight, two pounds four ounces. I then tied both the splenic artery and vein, and while operating, the largest hydatid* I have ever seen in rabbits escaped from the wound.

* Both these animals were, as I suspected, the subjects of tubercles, although I could not see them at the period of the operation.

11. Weight to-day, two pounds seven ounces; gain, three ounces.

18. Weight, two pounds ten ounces; gain, three ounces.

25. Weight, two pounds twelve ounces and a half; gain, two ounces and a half.

Sept. 1. Weight, three pounds two ounces and a half; gain, six ounces.

8. Weight, three pounds six ounces; gain, three ounces and a half.

15. Weight, three pounds five ounces; loss, one ounce.

22. Weight, three pounds eleven ounces; gain, six ounces.

At present I refrain from any reasoning on these facts, and content myself with observing, I am satisfied that they are pure facts; that they have so far undergone intellectual analysis, that they are neither false, deceptive, nor illusive; that such occurrences were not the result either of change of air or of change of diet, or of any other change of circumstances, out of which circumstances the disease originated, but that such effects were the specific result of the operation performed,—that the above facts represent the "principle" assumed to be represented, viz., the effect of tying the splenic artery and vein in rabbits afflicted with marasmus with hydatids.

Effects of Tying the Splenic Artery in Liver Tubercular Consumption in Rabbits.

Observation I.—I opened the abdomen of a full-grown cachectic rabbit, and observed tubercles on the convex surface of the liver. I then extended the incision across the left hypochondrium, and carefully excised the spleen. Twenty-nine hours after, the animal seeming in pain, I destroyed him: tubercles dry as if partly absorbed.

Observation II.—Aug. 8. I took a large, thin, emaciated rabbit, weighing two pounds fourteen ounces; on opening the abdomen two hydatids escaped, but not being detached from the peritoneum they were replaced in the cavity of the abdomen. I then extended the incision across the epigastric region, and observed a tubercle (I thought softened) on the convex surface of the liver, of the size of a small pea. I now tied both the splenic artery and vein, and carefully replaced the spleen. Some hæmorrhage following, I dropped into the wound a few drops of olive oil, after which, I do not say in consequence of which, it ceased, and the animal was removed from the table tolerably well.

17. The animal seemed ill, and had lost four ounces in weight. I destroyed him. On examination there was no evidence of any disease referrible to the operation, except a scrofulous abscess in the abdominal parietes; and, had I closely examined the animal before killing him, and evacuated the matter, I have no doubt he would have fattened as the others had done. The replaced hydatids were diminished in size, very opake, and, I should say, approaching the suppurative process; spleen diminished in size; liver studded with tubercles, in different stages of cicatrisation. Seeing these remarkable effects nine days after the operation in a rabbit in the same condition apparently as Case 2, which had now been operated on one month with variable but constant increase of weight up to September 8, between which date and the 15th it had incurred a loss of one ounce, I determined to destroy the animal; accordingly, having first weighed it, it was killed.

Sept. 22. Weight, three pounds eleven ounces; gain, six ounces in seven days.

After-death Appearances.— Gall-bladder wasted, and containing no bile; liver paler than usual, and offering cartilaginous deposit, apparently the complete cicatrices of tubercles; one tubercle only was found in the liver.

I exhibited to Dr. Blundell this specimen of tubercular cicatrisation, on which the doctor declined giving a positive opinion, but I have much pleasure in acknowledging many valuable suggestions from that veteran physiologist relative to this inquiry.

I now destroyed the rabbit operated on, on August 3, seven weeks since, now weighing five pounds four ounces and a half. Gall-bladder wasted, and containing no bile; liver healthy in structure, with here and there fibrous specks, as if of tubercles entirely cicatrised; left testicle absorbed.

I am not certain that the latter condition did not exist at the time of purchase, but I am certain that the right testicle had become materially developed. The animal exhibited no want of venereal appetite; but, although he had access to several females, impregnation did not occur in any. A suppurating hydatid was found at the greater curvature of the stomach.

I am free to state, that neither of these rabbits offered any remarkable exsanguine appearance; the large one, when trussed, looked more like a hare, and its flesh seemed firm and healthy. The small one certainly seemed to the eye more white and delicate, but I am not sure that this was owing to the operation. It will be observed that this animal lost in the week before its death one ounce, and gained in the week of its death six ounces.

These three preparations showing, as I conceive, tubercular cicatrisation in all its stages, I shall be happy to show them to any medical gentleman any morning before eleven o'clock, or in the evening.

The discrepancy arising in the case of excision of the spleen, and in the cases of tying the splenic artery and vein, as to the quantity of the colouring matter of the blood, found after the above respective operations, is more apparent than real, and favours the operation to which I have given the prefer-

ence, viz., the tying the splenic artery; in which case, doubtless, a sufficient quantity of splenic product is conveyed into the porta for the purposes of nutrition, or rather, perhaps, for the formation of bile.

If I am right in my views of the physiology of the spleen, as I believe I am, the operation of tying the splenic artery bids fair to become an operation of no ordinary or limited application; for Liebig has shown the omnipotent agency of these "carriers of oxygen" in the production of disease.

I have now operated on fifty *diseased* rabbits, first losing two out of three, and latterly not one in three, perhaps from now tying only the splenic artery; perhaps from experience of the nature of the accidents of the operation; possibly from variation in the method and locality of the operation itself; and whenever I may be called to a patient moribund, in the face of the common remedies, from inanition arising from disease of the nutrient circulation, rather than from structural disorganisation, as in some cases of phthisis and marasmus, where death ensues not from the disease which meets the eye, but from the destroying cachexy, call it tuberculous or scrofulous, or what you will (for I am too old a student in philosophy to be satisfied with *words* unless those *words* represent *things* and *nature* of *things*), which is the very *nature* or *law* of the disease, and is equally the *cause* of lung consumption in the human subject, of liver consumption in the rabbit, and of splenic consumption in a third. Whenever I may be so situated, pointing out to the patient and attendants the dangerless, but at the same time experimental, nature of the operation, I will throw into the jugular vein, in the manner directed by Dr. Blundell, a few *ounces* of blood, as I have often thrown *drachms* into the rabbits before operating, and at once proceed to take up the splenic artery; a work of two or three minutes at most. A faint hope is better than none at all—a chance of life than inevitable death. Circumstances being the same, do not the same effects follow the same causes? Why, then, letting alone the question of tubercular cicatrisation, there is *strong* hope that the tying the splenic artery will arrest tubercular disease in the human subject as it arrests it in the rabbit.

Kingsland-road, Sept. 28, 1842.

P. S.—I propose to enlarge upon this interesting subject at an early opportunity, and report other cases of the operation in different diseases, as well as in consumption, now in a state of probation. With reference to remarks of correspondents on my recent paper, I prefer answering them in the "lump" rather than entering into a peddling controversy, and will, therefore, wait a week or two, promising to occupy even then but very little of the valuable space of THE LANCET on the matter.

A CASE OF DISEASED VISION.

By WILLIAM KEIR, Lecturer on Science.

I AM now in my 57th year; my sight was originally near, but not distressingly so. At eighteen years of age I could read at the distance of twelve inches. About that age I became acquainted with concave glasses, and was so delighted with the distant view and sharp outline they gave to objects that I began to wear them habitually, when reading and writing, as well as when walking. The consequence was I soon became much nearer-sighted, and had to increase the depth of my glasses. This from time to time I continued to do; and I was distressed to find that with every increase of power my vision finally settled, for reading, at twelve inches, or within it; whilst everything was as indistinct and ill-defined at a distance as before I began to wear glasses. The right eye I found to have not much more than half the focal distance of the left; in consequence, not only when the eyes are bare, but also when the glasses are on, objects appear double, the shadowy one being higher apparently than the real.

For many years I have been more or less annoyed with *muscæ volitantes*. These, I have been inclined to think, proceeded in many instances from the state of the stomach, or from nervous irritation. In high nervous irritation gleams of light and brilliant sparks, and sometimes coloured coruscations, have seemed to emanate from my eyeballs.

In March, 1841, I made a short sea-voyage, during which I was very little annoyed with sickness, but through irregularity in diet my stomach was somewhat disordered. After landing, for several nights, in the dusk and in the dark, I saw coloured coruscations and circular halos of light, as if surrounding the eye.

The days were exceedingly bright, and for many hours each day I was engaged in reading or consulting a book which had a great deal of small print in it. This was done in a *white* room, into which the sun shone brilliantly. In the evening, studies in the same book were prosecuted with a small candle. I know not whether it was owing to the severity of the application, the brilliancy of the light in which it was conducted in the morning, the transition to the comparative gloom of the evening, or the state of the digestive organs, but at the end of a fortnight I became conscious of some apparent disorganisation of the visual organs. The print would disappear and reappear. An undulating cloud seemed to be floating before my eyes, with occasional openings in it; through the openings I could see the print distinctly, but it immediately became obscured, a denser part of the cloud intervening.

I desisted from my close study; but if that

had been the cause of injury (to, I suppose, the retina), it was too late, for every object had the same clouded appearance. Faces seemed to have black, ill-defined, large blotches on them; bright objects, as fire-irons, exhibited a tremulous, undulating light and shade; the large white letters painted on a black ground, on the ends of the streets, became ill-defined, and shaggy on the edges, as if fringed with hoar-frost. Besides the misty undulation, and dark scaly-looking floating specks, a general dimness of vision had evidently been induced, for all my manuscripts and books appeared uncomfortably obscure and faint. As light passing through glass is necessarily partly lost, I laid aside the use of glasses, to which I had been constantly habituated for thirty-eight years, and I had rather more light to read with.

My medical advisers suspected a determination of blood to the head, or some congestion there. I was leeched on the temples, and blistered on the back of the neck; I also took blue pill and chalybeate drinks. These external and internal applications produced no sensible improvement of my vision, though I think they rather relieved a dull pain inward from the temples, to which I am still subject, and which is thought to proceed from the optic nerve.

In the winter I was confined for many weeks to a darkened chamber, through inflammation of the chest; but neither the seclusion from light, nor the low regimen and severe physickings to which, for my inflammation, I was subjected, produced any sensible improvement in my sight.

Recently I have not noticed the coruscations much, but often, when I shut my eyes, I observe a small bright light, which gradually fades away. I should have mentioned that the retina throughout has been unnaturally retentive of impressions caused by faint impulses of light. In a dark room, a bed-chamber, for instance, on turning round from the window, faintly illuminated by a street lamp, I have been sensible to light about my eye, for, I should think, at least a whole second. D'Arcy limits the continuance of the impression of light on the retina to the eighth part of a second.

I sometimes see the appearance of well-defined black Roman capitals in the air, T or X, for instance; and sometimes I have a hasty evanescent glimpse of a whole word, as if printed in Greek small letters. I have not often the cobweb sensation, described as a precursor of amaurosis, but it occurs occasionally.

Some engagements into which I entered of late have made me use my glasses more than I had done in the twelve months preceding; and whether it be that the shortest-sighted eye (which is the right one) has come more into action, or that there is some more decided insensibility in parts of one or both retinæ, I have become sensible to phenomena nearly new to me. Lines of print occasionally appear curved, and actually undulating: so also do straight objects (especially if they be bright) when moved in a horizontal position. Perpendicular lines have a dent inward from the left hand, which runs, as I follow it with my eye, from the top to the bottom. Perpendicular printed letters, l, f, k, b, &c., appear broken-backed, the dent being towards the right hand. Any small Roman letter in a word often assumes the appearance and position of an italic.

Rings, circles, and all circular or globular objects, often lose their symmetrical appearance. I do not remember that in any instance they assume an elliptical form, but they appear compressed and dimpled in every direction. The universal dimness remains almost uniformly permanent; for though a gleam, like that of sunshine, sometimes illuminates an object, it instantly fades away.

Thinking that the history of a disease of this nature (which few patients would be at the pains to record) may be useful to professional men and physiologists, I have written it at full length. My own impression is, that it is a case of incipient amaurosis; for I have no idea that any of the phenomena arise from disease of any of the phrenological organs—form, size, weight, colour; they seem to proceed either from functional or structural derangement in the organ of vision itself, or that portion of the brain connected with it.

Belfast, 4, N. Thomas-street,
June 22, 1842.

P. S.—Since this account was written I had an electric stroke sent through each eye, in the direction of the optic nerve, but without any sensible benefit: nor am I at this date aware of any material alteration in the state of my vision, at least of any improvement.

Sept. 26, 1842.

CASE OF

GIDDINESS, ATTENDED WITH FALLING,

IN A CHILD AGED THREE YEARS.

CURED.

To the Editor of THE LANCET.

SIR,—The following case, which I send under the above title, is so interesting, that I feel satisfied (though the treatment was homœopathic, and the remedies given were administered in the minute doses, used by homœopathic practitioners) that you will deem it acceptable to the readers of your Journal. Yours, &c.

JOHN EPPS.

London, Oct. 4, 1842.

Charles Walters, three years and four months old, was brought to me Sept. 2, 1842. He complains of giddiness, which is so severe that he falls; or, to use his mother's more expressive phrase, "pitches on his face." He cannot stand without falling, and this from the giddiness, for he is a strong, well-built child. His head is hot; he often complains, "O my head; I am so tired." He asks his mother to *squeeze* his head. The moment he is put into bed he wants to get up, and screams; these being dependent, it would seem, upon the fear that, feeling so dizzy, he should fall out of bed. He is obliged when he does lie to lie with his head supported by many pillows; bowels confined; skin dry. I prescribed nux vomica, globules iij, 30*; water, ℥ij. Two small spoonfuls, eight, p.m.

Sept. 9. He was much better until yesterday; yesterday he had *no* medicine, and he was *bad;* he fell two or three times. (The child being too young for imagination, was not the increase of symptoms rightly referred by the mother to the want of the medicine?) Head not nearly so hot. The bowels have acted twice a-day since he began the nux vomica. I ordered the nux vomica to be continued, but to be taken every other day.

14. He is better; is not so giddy or dizzy; can stand without falling; bowels quite regular; sometimes exclaims, "O my head, I am so tired;" and still when in bed, wants to get up, and screams; perspires now, which his mother states he never did before. I ordered the nux vomica to be continued.

19. His giddiness is very much better; his mother is astonished at his improvement; has complained only twice of his head, and then that he was so tired; he does not want to get up so much as he did; he is obliged still to lie with his head high; his bowels are *confined.* (This fact is worthy of attention, because *notwithstanding* this confinement of the bowels he was much better; a fact demonstrating to the homœopathist that the constipation was the effect of the medicine, which, exerting its beneficial influence in relation to other symptoms, mitigated them, even while constipating the bowels: facts similar to these are often observed in homœopathic practice.) He still perspires, principally on the head and the face. I ordered sulphur, globules iij; water, ℥ij. A small spoonful twice in the day.

21. He took the doses of sulphur in *tablespoonsful* instead of *tea-spoonful;* very bad after being put to bed, after taking the sulphur; felt as if he should fall out of bed, and asked his mother to hold him; complains still of the tired feeling; bowels again regular. I ordered nux vomica again.

27. The giddiness much better; he can lie down without wishing to get up; now tells his mother to remove the pillows from his head. The little fellow, when so requesting, says, "I ain't ill, mother." Ordered him to wait three days, and to take no medicine, and then to bring the child.

30. Giddiness gone. His mother remarked on the, to her, interesting change, "He is not like the same baby." Now no longer complains of his head; sleeps, and with his head low; bowels regular. Dismissed as cured.

* The number 30 intimates that the globules used were impregnated with a solution of nux vomica, at the decillionth dilution.

WESTMINSTER HOSPITAL.

RETENTION OF URINE FROM AN HYDATID CYST.

To the Editor of THE LANCET.

SIR,—As I think the accompanying case is of rare occurrence, I shall feel obliged by your giving it insertion in your Journal. I am, Sir, yours obediently,

REGINALD JAMES, House-Surgeon.

Westminster Hospital, Sept. 28, 1842.

On the 17th of July, Thomas Crane, ætat. 59, was admitted under the care of Mr. White with retention of urine, not having passed any in a stream for thirty-six hours. The bladder appeared greatly distended, reaching quite as high as the navel; skin hot and dry; pulse 108. Was immediately placed in a warm bath, and a catheter passed; some urine flowed, although the catheter was not in the bladder, but it went quite to the neck. Ordered ℥j of castor-oil, and 3ss of laudanum. Hot fomentations to the hypogastrium.

18. Bowels had been freely moved; catheter passed just as before, but not so much urine escaped. Liquor opii sedativus, xxv m.; pimento water, ℥j.

19. The bladder greatly distended; no urine escaped on passing the catheter; is in great pain, and quite delirious. Ordered tincture of opium, 3j; starch, ℥ij, as an enema; and sedative liquor of opium, xxv m., by the mouth. In the evening was greatly relieved by the opium, and perfectly tranquil, but no urine had passed.

20. Although a little urine had dribbled away, the swelling was not diminished. Venesection to ℥xii, and repeat the anodyne.

21. Not having passed any urine, and suffering severe pain, Mr. White determined to cut into the bladder; the patient was placed as in the operation for lithotomy, the incision being made as in the lateral operation, but some difficulty was experienced in cutting into the bladder from its altered position. When the bladder was divided, about a pint of urine escaped, but the distention above the pubes was not diminished, nor was the

pain at all lessened; after he was removed to bed a little urine dribbled away. In the evening he became comatose, and died on the following day.

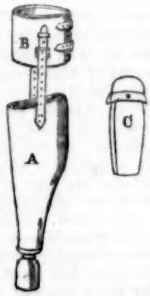
Post-mortem Examination.

Externally the abdomen presented much the appearance of a woman far advanced in pregnancy. On opening the cavity of the abdomen the bladder was found greatly distended, and above it a tumour having the appearance of a second bladder; it was firmly attached to the upper part of the bladder, and less so to the omentum. On dissecting out the tumour it was found to be a sac containing at least three pints, filled with hydatids, some the size of marbles, others as large as pullet's eggs; this had so pressed against the pubes as to divide it into two portions, one above the pubes, and rather overlapping it, and the other below, so that when the bladder was punctured only that urine escaped which was in the lower part of it; the portion of the bladder above the pubes contained more than two pints. The obstruction to the catheter must have been caused by the displacement of the bladder, as there was no stricture in the urethra; the bladder was healthy, excepting a small spot of ulceration on the posterior part. The prostate gland was but little enlarged.

STUMPS BELOW THE KNEE.

Much diversity of opinion exists among surgeons of eminence regarding the propriety of amputating immediately below the tuberosity of the tibia, for diseases of the foot and lower part of the leg. The question is of very considerable practical importance. Every day's experience proves that the less the amount of substance removed, the less the risk to the patient, and hence the danger of amputation is increased the nearer we approach the trunk of the body. The fingers are removed at less risk than the carpus, the carpus than the forearm, the forearm than the arm. Statistical tables prove these statements. Such being the case, the low operation is to be preferred, if there be not some serious objections to counterbalance it. Mr. Liston, in his "Practical Surgery," says:—"If the patient have not any laborious employment to follow, wishes to conceal the deficiency, and can afford to purchase an artificial foot, then the stump should be left sufficiently long for its attachment, so that the motions of the knee may be preserved, and the gait rendered less awkward. If, again, the patient is otherwise situated, the shorter the stump the better, and more serviceable it will be. There can be no greater mistake than to leave a working man a long stump below the knee. It is continually in the way, and I have very often, indeed, been induced to comply with the request of patients to have their stumps shortened, and made of more convenient length."

More recently, similar opinions have been advanced by Mr. Potter. He says:—"To patients who are obliged to wear the common wooden pin, and labour for their living, it (a long stump) is found a very useless, and frequently much worse than useless, appendage."—(*Med. Chir. Trans.*) In Glasgow, instead of "the common wooden pin" on which the bent knee is made to rest, an apparatus resembling that used for the thigh can be procured at less cost. It consists of a hollow wooden box, to which a short wooden pin is attached, and is made to press on a pad fixed round the leg below the knee. When such an apparatus is used, the patient has the free and unrestrained use of the knee-joint, and walks with as great freedom and ease as if he had only an anchylosed ankle-joint; whereas with the pin, he requires to drag the leg behind him, on account of the action of the muscles being interfered with by the bent state of the joint. This apparatus is equally well calculated for all other purposes as well as walking; and as it does not seem to be sufficiently well known, I subjoin a drawing of it. I have seen many cases illustrative of the advantages of the low operation, both in respect of safety and after usefulness.—*Mr. A. King (Glasgow) on Amputation.*



A. Hollow wooden box which receives the stump.

B. Belt which is fixed above the knee and attached to the leg by two straps.

C. Leather bandage which laces round the stump.

D. Circle of strong leather on which the upper part of the box presses.

KING'S COLLEGE HOSPITAL.

STONE IN THE BLADDER.—LITHOTRITY.

Thomas Marryatt, aged 63, a fisherman, and native of Kent, was lately admitted under Mr. Fergusson suffering from stone in the bladder. He states that he was quite well until two years ago, at which period he suffered from some pain in the loins, which he attributed to his laborious employment. He shortly afterwards, however, experienced a slight scalding in evacuating the bladder. This increased, and in a very short time all

the symptoms of stone, with the exception of pain at the end of the penis, developed themselves. At times he passed small quantities of red gravel, and in November or December last four small stones, each about the size of a pea, came away. He says that he has lost at least two stone's weight of flesh during the last two years.

He continued his employment until three weeks before his admission, when he was compelled to lay up in consequence of the excessive pain produced by the motion of his boat. At present he appears to be a very robust man, being still stout, and of a florid complexion; the urine is distinctly acid, but not to any unnatural extent; it is perfectly clear, and apparently healthy.

August 30. Mr. Fergusson having sounded the patient and detected a small stone, was induced from the man's age, the healthy state of the urethra and bladder, and the size of the stone, to consider this a favourable case for lithotrity, and he has accordingly, on several occasions, introduced the lithotrity instrument, seized the stone, and by the rack and pinion, the force always used by Mr. Fergusson, has succeeded in breaking the stone into several fragments, many of which have been expelled with the urine. Some, however, still remain, and the man has left town till October to recruit his strength, which has suffered from the change in his habits of life. He is much relieved by what has been done for him.

ENCYSTED TUMOUR OF THE FOREARM.

William Wallace, aged 16, was admitted July 7, 1842, under the care of Mr. Fergusson, on account of a firm, elastic tumour, about the size of a hen's egg, situated about two inches below the bend of the elbow, and rather on the radial aspect of the forearm. He stated that he first observed it about three years ago, when it was the size of a large pea. At this time it was unattached to the subjacent parts, and glided beneath the fingers on pressure being made over it. It did not begin to increase perceptibly until a fortnight before his admission, but at that period it rapidly enlarged till it attained its present magnitude. It is now oval, slightly movable, and apparently bound down by the fascia.

9. The boy was brought into the operating theatre to-day, and Mr. Fergusson proceeded to remove the tumour. He first made a longitudinal incision with a bistoury over it; the next puncture gave exit to a quantity of pus, amongst which, upon close inspection, an acephalocyst was found. The quantity of pus was very small compared with the bulk of the tumour, and the operator proceeded to dissect away as much of the surrounding textures as a due regard for the preservation of important parts would allow. A pad of lint was placed over the wound, and the lad removed to bed.

In his clinical remarks on this case, Mr. Fergusson observed, that had the acephalocyst been wiped away, it was very probable that he might have been charged with committing an error of diagnosis, and that the swelling was nothing more than a chronic abscess. He had never met with a similar case, and it was so far of great interest to him, as he trusted it would be to the students. He recommended their careful observation of the case.

27. Has gone on well since operation; some thickening still remains on the site of the tumour. He was made an out-patient to-day.

STONE IN THE FEMALE.—PROLAPSUS UTERI.—DILATATION OF THE URETHRA, AND EXTRACTION OF THE STONE.

S. B., a married woman, aged 44, was admitted August 24, 1842. Eight months ago she first experienced all the symptoms of stone in the bladder. About two months afterwards she passed a small stone of the shape of a kidney bean, and about the size of a pea, and at short intervals about a dozen stones of various sizes have come away with the urine. The last, which was the largest, being nearly an inch in length, she passed a week ago. The colour of the stones was generally that of lime. The last, however, was of a red-brick colour. For some time previously to any of the symptoms of a calculus, she suffered from severe pains in the loins. Ever since the birth of her last child, nineteen years ago, she has been the subject of prolapsus uteri; she was able to return the prolapsed organ until five years ago, since which period it has always remained down. The pain attending any attempts at reduction have been such as to render her unwilling to submit to the employment of any means for its relief. She has had four children, and one miscarriage; her labours have been very difficult.

On Mr. Fergusson introducing the sound, he readily detected a stone, which, on a future occasion, he endeavoured to seize with a lithotrity instrument, but failed. With considerable difficulty the uterus has been once reduced since her admission; it almost immediately afterwards, however, became prolapsed.

Sept. 6. Mr. Fergusson having, at twenty minutes before two, introduced Weiss's dilator, intrusted it to the care of an assistant, directing that dilatation of the urethra should be effected as rapidly as possible. At twenty minutes before four the dilator was withdrawn, and Mr. Fergusson introduced a pair of lithotomy forceps into the dilated passage, and succeeded in grasping and extracting a stone about the size of a large chesnut. On examining the bladder a second stone of equal size was discovered, and removed with equal facility with the first.

The bladder was freely syringed to wash away some small particles which had been snipped off by the forceps, and the patient was put to bed. The stones were of the triple phosphate kind, and very friable.

7. Has slept well; no tenderness of the abdomen; slight fever; bowels confined. To have a purgative dose.

8. Going on well; slight incontinence of urine.

10. Urine occasionally dribbles away, but there is often complete retention. Going on well.

22. Has no command over the bladder; there is total incontinence of urine.

TALIPES CALCANEUS.

Amelia Saul, ætat. 18, admitted August 16, 1842, under Mr. Fergusson, with a talipes calcaneus, states that ever since she can recollect she has walked on her right heel, and has never been able to place the sole of that foot on the ground. She is constantly in the habit of dropping suddenly on the ground whilst walking, from which it was supposed she had false cartilages in the knee-joint.

At present the toes point upwards, and all the tendons in front of the ankle are on the stretch; the whole weight of the body rests on the heel, and as she walks, from the stiff state of the joint, she moves as if supported by a wooden leg.

Sept. 3. Mr. Fergusson divided all the tendons in front of the ankle-joint; the limb was placed on one of Mr. F.'s splints, and retained at a proper angle by a roller.

10. Going on well.

22. Going on well; foot in its natural position.

UNIVERSITY COLLEGE HOSPITAL.

STRICTURE.—RETENTION OF URINE.

J. A., ætat. 45. This patient has been under treatment for some days previous to his admission into the hospital. During this time he has been placed in a warm bath, opium has been administered, and attempts have been made to pass the catheter, but no instrument has ever been introduced as far as the bladder. From the violent effort required in making water, he has become the subject of prolapsus ani.

The patient was labouring under a pretty severe attack of retention of urine when brought to the hospital (September 5th), he complained of intense pain, and the bladder was fully distended, though by violent efforts a little urine dribbled away from the urethra. The house-surgeon immediately endeavoured to introduce a catheter of small size; this passed through a stricture about three inches from the orifice, but was altogether obstructed by a very unyielding contraction of the passage about an inch further back. Mr. Liston saw the patient soon after this, and attempted to pass the catheter, but without success; he consequently determined (as the symptoms of retention were urgent) upon cutting into the perineum and relieving the bladder. In order to effect this, the man was carried into the operating theatre, and a male catheter having been introduced as far as possible into the urethra, Mr. Liston made an incision upon the end of the instrument with a common scalpel, cutting from behind forwards. As soon as the urethra was opened into, a large quantity of urine having an ammoniacal odour escaped through the wound.

A female catheter was now pushed into the bladder, and the two instruments were secured in their respective positions by means of tapes attached to a bandage passed round the body. During the operation the rectum became protruded to a great extent, and resisted all attempts at reduction.

The patient was now removed to bed, and several trials were made to return the protruded bowel, but without effect; thirteen leeches were now applied to the part, followed by hot fomentations, and after this the reduction was effected. Fresh protrusion was prevented by the application of a compress and T bandage.

7. A considerable quantity of discharge oozes by the side of the catheter, and the instrument has become quite loose in the passage; this being the case the shorter instrument was removed, and the male catheter passed on into the bladder.

9. The whole of the urine now passes through the instrument. The patient absolutely refuses to take any medicine, and is altogether extremely refractory, pulling out the catheter once or twice every day. He went on very favourably, however, for a few days, and was finally returned to the institution whence he came on the 15th of September.

STRICTURE.—URINARY ABSCESS.

W. Y., ætat. 45, was admitted September 15, 1842. He has laboured under the effects of a stricture for eight or ten years, but has never had a catheter passed. Several times he has had slight attacks of retention of urine, but has always been relieved by medicine, which, from his description, appears to have consisted of opium.

A few days ago he first noticed a hard swelling in the perineum, which was extremely painful; two days since his scrotum became largely increased in size, so much so, as to make him much alarmed, and he accordingly applied for relief at an infirmary. The surgeon of this institution gave him some medicine, which had the effect of inducing a flow of urine, and during the expulsive efforts he felt something give way in

the perineum, accompanied by a scalding sensation. The next day he was sent to the hospital.

A hard, deep-seated swelling is perceptible in the perineum, which occasions great pain. The scrotum and penis are much distended and red, and the redness extends upwards upon the abdomen to midway between the pubes and umbilicus. The patient was seen by Mr. Liston, who immediately made a deep incision into the perineum a little to the left of the raphè; this gave exit to a large quantity of putrid matter having a distinctly urinous odour. Two other incisions were made in the scrotum, and one in the penis, but no urine appeared to escape from these situations. A poultice was applied to the perineum, and water-dressing was placed on the other incisions.

16. The scrotum is very much diminished in size, and the patient makes water freely by the natural channel, none of the fluid escaping from the aperture in the perineum.

19. A small slough of cellular tissue was removed from the scrotum this morning. One-half of the urine discharged from the bladder now flows through the opening in the perineum.

21. The patient's health is good; the wound in the perineum is diminished in size, and he is altogether progressing very favourably.

CALCULUS OF THE BLADDER—LITHOTRITY.

H. H., ætat. 77, was sent to this hospital from Canterbury, September 5, 1842, for the purpose of being operated upon for calculus of the bladder, under the symptoms of which complaint he has been labouring for two years. The patient is a native of the county of Kent. The first symptom which he remembers to have noticed was an uneasy scalding sensation at the extremity of the glans penis. He took medicine in the hope of relieving this, but without any benefit, and he accordingly entered the Kent and Canterbury Hospital, where he was under medical treatment for many weeks. In December last he was sounded by Mr. Crawford, who discovered two stones in the bladder, and proposed their removal by the operation of lithotrity. This operation was accordingly repeatedly performed, and the calculi were in a great measure crushed, upwards of a drachm and a half of fragments having been extracted at the various sittings. The bladder at length became very irritable, being capable of retaining only a small quantity of urine, and rejecting even the tepid water introduced during the operations.

Upon arriving in London he was in very good health; but the bladder will not retain much urine. He is obliged to empty this viscus five or six times during the course of the night, and says that the stream of urine often becomes obstructed towards the end of his making water. There is still a pain at the extremity of the penis, but he complains of no other uneasy sensation in any part of the body. The urine deposits a small quantity of purulent matter in the chamber utensil, and also contains mucus; the specific gravity is 1.14; reaction alkaline; no albumen can be detected.

7. The patient complains this morning that his urine has suddenly ceased to flow altogether, and that this occurred suddenly. The house-surgeon (Mr. Topham) having introduced a catheter, found that the calculus had become impacted in the neck of the bladder, and upon pushing it back, the urine immediately flowed through the instrument.

9. Mr. Liston proceeded this morning to crush the foreign body in the bladder. The pelvis having been raised upon a firm pillow, a small quantity of tepid water was injected through a catheter into the bladder. A screw lithotrite having a very flat scoop was now introduced, and the calculus crushed. The patient did not complain of much pain during the operation, and there was no hæmorrhage. After this he was ordered a hip-bath, and diluents were freely administered.

A number of fragments were passed during the four days succeeding the operation, and on the 16th Mr. Liston repeated the lithotrity. He introduced the instrument three times into the bladder, and succeeded in crushing some of the remaining fragments each time. A good deal of detritus was extracted with the lithotrite, and the patient continued to pass small portions for three days.

21. The screw lithotrite was again introduced this morning, and a small fragment crushed and extracted.

25. No fragments have been voided since the last operation, and upon sounding the patient to-day Mr. Liston failed in detecting any portion of calculus in the bladder. He was accordingly discharged cured.

WHITEWASHING WALLS.—When quicklime is slaked in boiling water, and immediately used, it not only destroys vermin, but is found to be one of the strongest antiseptics. I shall mention a remarkable instance of its efficacy in this respect. Dr. John Hope, physician to the Royal Infirmary at Edinburgh, informed me, at my visits there, that two or three years before, a putrid fever had prevailed in that hospital, and that one large ward in particular proved fatal, for some time, to the patients; but that lime-whiting the walls eradicated the infection, after washing the wards repeatedly with vinegar had failed; and that this *salutary* practice had been continued ever since.—*Howard's Lazarettos in Europe* (1791).

THE LANCET.

London, Saturday, October 8, 1842.

THE opening of a medical session in a metropolis like London, where such vast numbers of medical students congregate, is an event which must produce its effects upon the feelings, minds, and interests of thousands. Few there are, possibly, who are engaged in the active duties of the medical schools, who look beyond the narrow, miserable, boundary of self-interest. Such an admission involves a painful reflection, and one that is degrading to human nature. An experience of many years' duration assures us that it is but too true, and, acting upon that conviction, we hesitate not to commit it to paper, and to draw from the fact some considerations of a useful nature.

In the energetic and active struggles for self, amongst a number of individuals, it often happens that the best interests of the public are thereby promoted. Occasionally, however, there are exceptions to this rule, and there is not one, possibly, of a more striking description than that which is presented by the efforts that are made by a great number of persons who form integral portions of the system of education which is practised in this country. The lecturer, the demonstrator, the curator, the hospital physician, the surgeon, the apothecary, each and all is and are looking to his and their own individual interest, without the remotest reference to the general welfare of the community.

But then, it may be asked, is there not a CONTROLLING AUTHORITY to direct and superintend the conduct of the various functionaries who take upon themselves the highly important duty of instructing medical students in the principles and practice of the science of medicine? If such a question be asked, the answer must be *in the negative;* because it would be most absurd to allege that the various Colleges and Companies which issue their ridiculous manifestos respecting the numberless *courses of lectures* which must be *paid for*, exercise any salutary control over the mode in which the various teachers and medical officers discharge their obligations to the pupils. Thus it happens that if a lecturer neglect his duty during an entire session, his certificates are received at the College for that session, and, at the commencement of another, he is again allowed, without contradiction or reproof from the College to which he belongs, to reissue his scandalously puffing and false advertisements. Thus, session after session, frauds are committed, dupes are made, and the just expectations entertained by youthful, vigorous, and honourable minds, are completely and for ever falsified.

The Colleges thus leave the lecturers, demonstrators, and officers of the hospitals to act for themselves, in such a manner as they may consider is best calculated to promote their own interests, without reference to any advantages, or the contrary, which may accrue to the students, or without regard to the health of the community.

Such a condition of things is a disgrace, a scandal, to the Legislature of this country, and offers a most humiliating and degrading contrast to the comprehensive system of medical instruction and superintendence which we find in operation in the capital of the French empire. The practice of making students *pay* for lectures which they have not an opportunity of attending, is A ROBBERY, —there is no other fitting word by which it can be designated,—A ROBBERY, originating with, practised by, and conferring a direct profit upon, the governing medical bodies belonging to our corporations. Acting in their congregated capacity, the individuals comprising the Councils and Courts, blush not at an offence against morals which they would not dare to commit in the private relations of life. There is not, however, more of the stinging effects of conscience in the one case than in the other. Change of behaviour is to be found in the difference produced by

irresponsibility in the first case, and of amenability to the law in the second. The police-office and the bar of the Old Bailey have, it seems, far more effect upon the feelings of such persons, than the mere pain produced by wrong doing. If the whole system of payments for lectures and hospital practice were permissive, it might be tolerated, even in the absence of a superintending governmental authority; but when it is known that gross frauds are practised upon the students, year after year, and that the medical colleges take no steps to change such dishonest practices, and protect the student and the public from their pernicious and destructive consequences, the disgust and indignation which the students must be made to feel at being thus neglected, ought by them to be converted into ready and facile sources of action for their own protection.

The subject which we have just noticed rather than discussed, ought to engage the serious attention of the members of the whole of our schools of medicine. If they be temperately, candidly, and rationally investigated, it is impossible that the deductions from such inquiries could be otherwise than profitable to the minds that are engaged in them. They will instruct the student in admonitory lessons, not to be misunderstood, that if the teacher, or the hospital physician or surgeon, neglect *his* duty, the student must be mindful of *his own*, and so far invert the natural order of things, as for the example to be seen in the pupil instead of being made by the preceptor. If the Government of this country had discharged its duty to society, the students of medicine would, long ere this, have found that numberless obstacles which beset their paths had been removed from their pursuits and studies; but inasmuch as medical affairs have been left to shift for themselves, and the managers of the medical corporations have hitherto been influenced in their conduct by a deep-rooted feeling of avarice, rather than by liberal and enlarged motives and views, the students have now no course left open to them, which they can take with security and advantage, but that which is dictated by a sound, just, and dispassionate survey of their truly distracted and unprotected position. Are they, in a word, prepared to act for themselves? In asking this question let us not be misapprehended. Far be it from us to engender or encourage a spirit of discontent and hostility amongst the members of our medical scholastic institutions. We know too well that such a state of things must be fraught with evil to the minds which ought to be occupied in collecting the facts that are so widely spread over the large field of scientific inquiry. But at the same time we cannot advise the student to sit down quietly and submissively under all the frauds and cheats which may be practised upon him. Resistance under aggression is a duty which every civilised being owes to the society to which he belongs. It is one that cannot be neglected without having a tendency to reduce the oppressed to a state of ignominious and irredeemable submission,—to every shade of abuse,—to every variety of exaction and tyranny. Whilst, however, we deprecate all violence of action and hostility on the one hand, and a slavish, pusillanimous yielding on the other, we would earnestly and emphatically call upon the members of our medical schools, and the pupils of our hospitals, to adopt such a dignified system of organisation and action as *must* have the effect of affording to them *some* protection in the absence of an authority which ought to be exercised under the stringent provisions of a legislative statute.

If medical students had not arrived at years of manhood, we should hesitate to offer such advice as is here furnished. But they are not children. By far the greater portion of them have reached their majority. They are not inexperienced in the ways of mankind. They are not unread. They are not ignorant of the duties which reciprocally belong to teacher and pupil. They cannot be unmindful of the important labours which they must be called on to undertake as medical practitioners. They cannot fail to know that their own reputation and success in *life*

must mainly depend on the amount of knowledge which they are enabled to acquire, before they actively incur the responsibilities that are entailed by practising the profession. All these reflections are calculated to impress the mind with a due importance of the duties which devolve upon the lecturers and the medical officers of the hospitals.

In considering the honourable and important relations in which the teachers and the students ought to stand with regard to each other, and the advantages or the evils which may result from their failure or fulfilment, the pecuniary part of the question falls into complete insignificance. The money-making trade of CERTIFICATE-SIGNING is not worthy of being discussed in such an honourable position. Hence, it is in the strongest degree desirable that the intellectual and moral compact between parties thus connected by the most nicely-blended incentives in scientific and philosophical pursuits, should so conduct themselves as to avoid every cause of ill-feeling, every ground of hostility. If, therefore, in the present medical session the student should again find that an attempt is made by any medical officer, or any lecturer, demonstrator, or other person, to violate an engagement which had induced that student to become a member of any school, he ought, at once, before the wrongs accumulate, to *resist*, and thus, by being vigilant and watchful, diminish the number of intended aggressions. In using the word "resist," we do so not in a *hostile* sense, as it is impossible that a student could be placed in a more unfortunate position than when he himself is in violent collision with his teacher. We employ the word with this limited meaning—designing that the students should calmly, and in the most temperate language, set forth their grievances, that they should place in contrast how much had been promised, and how little performed; in every case making reference to their future prospects, and pointing out the ruin and misery which might be, and assuredly would be, the inevitable consequences of leaving the place of their studies with minds altogether unqualified to undertake the responsible and onerous duties of a most important profession.

Should such an amicable system of adjustment fail to produce from their persecutors beneficial results, a remedy, of a less friendly nature, might, possibly, be obtained by a well-timed appeal to the power and efforts of an independent medical press.

WE recently noticed what we considered at the time to be an ex-parte statement in the *Bombay Monthly Times*, relative to certain alterations in pensions and promotion recently introduced by the Home Government into the Medical Department of the Indian Army. The Bombay article was drawn up in an unequivocally party manner; but as we have now to deal with persons who were bound by every public and private duty to put this question long ago to rights before the world and the authorities, we shall not further notice its political views. In our own remarks, we hinted that the profession in India, like that at home, was powerless, because of its disunion. We now supply further reasons for its intrinsic feebleness, and its neglect by the authorities. The last number of one of the London Quarterly Reviews contains a statement by Mr. MARTIN, of the Bengal army, declaring that for sixty years the medical service of India has remained stationary, although "the formation, "discipline, and economy of the Indian "army have been throughout modelled upon "those improvements (the suggestions of "experience) which have been adopted in "the Royal service." How comes this? Mr. MARTIN states, truly, that "neither at "home nor abroad is the interest of the ser-"vice represented in the councils of the "State," although fully as much entitled as any of the other services to the consideration of authority, on the score of "its skill, labour, "and activity, which have never been con-"fined to the mere recognition of profes-"sional duty, but extended to the developing "the resources of the empire at large, and "the moral improvement of its vast popula-"tion." This is quite true; but we must state another reason, viz., that, during these sixty years of neglect, not one of the many

wealthy old men whom the Indian medical service has sent home, has had the good feeling, or knowledge enough of the subject, to bring the condition of his brethren, whom he had left behind, to public notice. This is a most discreditable neglect; but then it has been produced, as if by a natural retribution, by the very character and previous constitution of *the service*, hitherto constructed on the worst of principles, that of MERE SENIORITY,—a *service*, wherein a man,—one "of little worth, whether regarded as a "medical officer or a gentleman,—may now "feel certain that (provided he survive his "contemporaries) he shall rise in due time, "not only to the superior staff employs, but "to the governing head of the service: and "thus, in fact, there have arisen, within the "writer's recollection, not once, but fre-"quently, the mere merchant, the confirmed "gambler, and the exhausted tippler,"—a *service*, wherein the highest offices were conferred "upon a sort of tontine principle, as a bonus on *longevity*," conferring thus "no distinction when attained," and refusing promotion to "the highest merit,—*out of turn*." No wonder that some few officers, like Mr. MARTIN, should, by an early resignation, decline offices thus bestowed. We supply the reason in Mr. MARTIN's own words:—

"Were it as true in nature, as unhappily it is the reverse, that the best men live the longest, still, the system of rise by the muster-roll would be the very worst. Repressive of all emulation in youth and manhood, and deferring promotion until the verge of life, it leaves for the discharge of public duty no energy, moral or physical, in the possessors of high office. Such would be the law of nature in any climate; but it holds especially in tropical regions, wherein the course of life is notoriously precocious of old age."

It is something glorious to strike, as Mr. MARTIN has done, a death-blow at this vile "system;" affording to men of "a character for knowledge, activity, and discernment," a reasonable ground for expecting their "just and honourable reward." By bringing these things about Mr. MARTIN has laid the foundation of vast improvement in the moral and professional character of the service in India, and thereby in science, all over the world. We hope soon to hear of "Boards" as bodies that are defunct.

We have barely room to refer to what we consider, by comparison, to be a minor affair, namely, the increase of pensions obtained for the service by Mr. MARTIN, although we suspect that these last are viewed as the more important matters by some narrow-minded and short-seeing persons, of whom a goodly proportion will be found in every body of eight hundred men, besides those others who never devote one hour in the year to reflection on the proper constitution of the medical department of an army. To say that these latter are only criminally ignorant, is to be very mild in our comment.

Formerly, a surgeon, whether he served seventeen years or thirty-five years under the burning sun of India, received but a pension of captain's full pay, or 191*l.* per annum; while by the new rule the pensions range as follows, according to length of service, viz., 300*l.*, 365*l.*, 500*l.*, and 700*l.* *per annum*. This is a great pecuniary "Boon;" and had it not been for Mr. MARTIN's unremitting exertions, it would have been deferred for a long term of years. We have good reason for expecting that what little yet remains to place the medical department of India on the same efficient footing as that of her MAJESTY's service, will easily be arranged at home, provided, always, that the Eastern service informs itself what ought to be done, and acquires strength by UNION.

A LARGE number of correspondents express surprise that Dr. COLLIER and his pupil, Mr. WEST, should claim for the worthy doctor the authorship of the theory which attributes the evolution of animal heat to a process of combustion, or, more simply speaking, to the union of the oxygen of the air with the carbon of the food. This is the theory that was propounded by BLACK, CRAWFORD, and LAVOISIER, nearly a century ago. According to those chemists the oxygen gas of the air "combines in the hydrogen and "carbon emitted by the blood. During this "combination the oxygen gives out a great "quantity of caloric, with which it had been "combined; and this caloric is not only suf-"ficient to support the temperature of the "body, but also to carry off the new-formed "water, in the state of vapour, and to raise "considerably the temperature of the air in-"spired."—(*Thomson's Chemistry*, 1st Edit., 1802, vol. iv., p. 500.) This view being admitted, it was easy enough for any intelligent

observer to draw deductions on the subject *in his library*. LIEBIG's merit is quite of another kind. He has *demonstrated*, by *thousands of experiments*, made in the *laboratory*, what is the quantity of carbon and oxygen consumed under different circumstances, having pursued his inquiries on the persons of eight hundred and fifty-five soldiers, and numerous prisoners, at Marienschloss and Giessen. He weighed the carbon introduced into the stomach, and that which was excreted by the rectum and bladder, and drew the inevitable conclusion, that as the body did not increase in weight, the whole of the carbon swallowed must be given off, ultimately, by the lungs and skin, in the form of carbonic acid. Besides this, he has demonstrated that food is of two kinds, nutritive and respiratory, or, in other words, calculated to produce blood and fat, and has thus explained, in the most satisfactory manner, all the experiments of MAGENDIE which have so long appeared to be unintelligible.

It is fervently to be hoped that medical practitioners will no longer consider ingenious speculations on human functions and diseases to be discoveries in medicine, but will direct their attention and energies, on all legitimate occasions, to prosecuting *experiments* —the only medium for acquiring a knowledge of truths in chemistry and physiology. The laboratory has now been *proved* to be as important to medicine as the dissecting-room; for the first important step in our science has been made, not by a physician, but by a chemist. Long ago we pointed out, and frequently since, in our course as journalists, have reminded our medical brethren, that the next great advance in their art must and would be made under the auspices of the chemist, whether he united with the title that of "doctor in medicine" or not, and the intimation applies as well to the future as much as to the past.*

* We take this opportunity of mentioning that the first number of a weekly journal has just appeared in London (published by Messrs. Longman and Co.), which promises to prove of great interest and utility to medical practitioners as well as to professed chemists. It is entitled "The Annals of Chemistry and Practical Pharmacy." We heartily wish the work success.

MEDICAL SOCIETY OF LONDON.

September 26, 1842.

THE first meeting of the society for the session was held this evening at the society's house, Bolt-court. The attendance was very numerous. Several new fellows were admitted. The president, Mr. Pilcher, read a very elaborate paper on the excito-motory system, which occupied the entire evening. We defer a notice of the paper until the discussion upon it shall have terminated, when we shall present the subject in its complete state to the readers of THE LANCET.

THOUGHTS ON THE REAL AND IMAGINARY GRIEVANCES OF THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—A severe phlegmasial attack which I have suffered, has postponed the appearance of these lucubrations. This loss of time prompts me to hasten the completion of the task which I have dictated to myself. As a preliminary to my future essays, I must beg leave to present a short synopsis or breviary of the principles of medical legislation which I have asserted, either directly or incidentally, in my former letters.

1. It must be considered a fundamental principle in the jurisprudence of a free people, that no citizen should be subjected to any restriction of his natural or absolute liberty, which is not necessary to the public good.

2. This is but a limitation of the wider principle, that all citizens ought to be subjected to such restrictions of their free agency as are conducive to this great purpose.

3. Consequently, no member of society is entitled to commit any act which may be injurious to the life, liberty, or property of his fellows.

4. In the course of ages an art of healing diseases has arisen, and contributes greatly to secure the health and happiness of mankind.

5. Certain ignorant and evil-disposed persons feign the possession of this beneficent art, and by their malpractices inflict "grievous hurt, damage, and destruction," on the simple and unsuspecting among the people.

6. This counterfeit skill may be distin-

guished from the genuine by the application of a sufficient test by examination.

7. The honest application of this test to all who aspire to practise the healing art, would be an adequate safeguard for the public against the mischiefs of quackery.

8. Every candidate, therefore, for admission into the medical profession ought, without exception, to be subjected to this test.

9. This test being a sufficient guarantee for a safe qualification, all further restraints would be superfluous, and consequently tyrannical.

10. The practice of the healing art by any untested or unqualified person being replete with danger to all who might be subjected to his control, is a public wrong, and ought to be prevented by the strong and punitive arm of the law.

11. As science advances, the stringency of this test might be gradually augmented, and a consequent enhancement of skill be secured.

12. The history of all guilds, corporations, and chartered associations, shows that such bodies have invariably consulted their own narrow interests to the detriment of the community at large.

13. The medical corporations forming no exception to this general rule, are not to be trusted with the power of determining what this test should be.

14. The general representative of society, the central executive being comparatively unbiassed by contracted views and selfish considerations, constitutes the fittest depository of this power.

15. The possession of that amount of skill and knowledge which is attainable by a sufficient number of artists to supply the medical wants of the nation, forms the proper measure of the test to be ascertained by the central government.

16. Any test more stringent than this just described, being needlessly restrictive of the natural therapeutic wants of mankind, would fail from the insufficiency of the power to enforce it.

17. Any less stringent test would fall short of the purpose of the contemplated law, namely, protection against the arts of the unqualified.

18. All coercive curricula, apprenticeships, and the exhibition of certificates, being not indispensable to the attainment of the required qualification, are consequently unjustifiable.

19. Any citizen having qualified himself by the attainment through any means in his power of the requisite amount of professional skill and knowledge, is entitled to practise the healing art without any restraints being imposed upon his free agency, beyond such as are inculcated by the law of the land, and by the principles of morality and religion.

20. Consequently, any rules of medical etiquette, however desirable in their nature, dictated by the by-laws of institutions, must be adopted voluntarily by the practitioner.

21. Any infraction, therefore, of such code of rules ought to be punishable in the utmost degree, by expulsion only from such institution.

22. The prohibiting of any practitioner from the exercise of his profession should be the punishment of such crimes only as by the common or statute-law dictate his civil extinction.

23. The essential respectability of any calling or profession must be in the direct ratio of the value of the moral and intellectual qualities called forth in its exercise.

24. That particular medical man consequently is most honourable as regards his profession who is most able in it.

25. The possession of property, superior general education, and honourable connections, are but adjuvants, though highly desirable additions to professional ability.

26. Whensoever through the operation of imperfect laws, or any other cause, these adjuvants usurp the place and honours of professional ability, the interests of society are to that extent damaged.

27. The tendency of the institutions fostered by the existing laws, is most palpably to yield that sanction to the force of money and nepotism which is due to merit alone.

28. The results upon the welfare of society of the privileges conferred upon those ancient institutions—the Colleges of Physicians and Surgeons—which have flourished under one denomination or another since the time of the Tudors and Plantagenets, have been most baleful. Science has been doggedly and systematically impeded, genius cruelly crushed, and myriads of lives destroyed.

29. These privileges having indubitably contributed at every epoch to destroy rather than to save lives, ought to be immediately abrogated.

30. All the other more modern medical corporations of the three kingdoms have tended to produce the same mischief, and should therefore be deprived of their exclusive privileges.

31. As the entire concession of the power of regulating medical qualification to a body appointed by the Government, would be a dangerous centralisation, the existing corporations should be permitted to exist as voluntary associations, and be endowed with power to admit candidates into the profession, provided they furnished the Government with a guarantee that the ordeal adopted by each afforded a sufficient test of the competency of the claimant.

32. A coercive classification of the profession into three or more grades, is proved by the history of the healing art, to be inconsistent with the natural division of labour, subversive of the real graduation of merit, productive of insidious and unjust distinctions,

and consequently of disunion; and, as a final result, hostile to the progress of science and the relief of suffering man.

33. The spontaneous arrangement of the medical body into the two classes of "primary practitioner" and "consultee" ought not to be interfered with by the Legislature.

34. The legal or civil equality of all members of the profession is a state of things favourable to the development of merit.

35. It is likewise a state of things not inconsistent with the fair influence of property, education, and connections.

36. It being granted that medical skill and knowledge are of great service to the community, it becomes a duty of the executive and legislative authorities, to provide that a sufficient number of persons shall, in each succeeding generation, be induced to become the depositories of this valuable treasure.

37. The study and practice of medicine being in all its stages a laborious and life-curtailing duty, it is obvious there ought to be strong inducements to attract individuals to contend with so much suffering, vexation, and labour.

38. The medical profession yields fame to a very select number, fortune and ephemeral reputation to a few, competency to several, but hard work, short life, and penury to the many.

39. The blanks of the profession being out of all proportion to the prizes, fewer and fewer of the rising generations will be induced to try their fortune in this unpromising lottery.

40. The systematic curtailment and abrogation of all medical appointments of emolument, which have ever been grossly inadequate, in point of number and value, to the collective merits of the profession, is a line of conduct not likely to enkindle the zeal of future candidates for the medical ranks.

41. Excellence in the knowledge and cultivation of the science upon which the healing art is based, is not always identical with that kind of merit which leads to lucrative practice. But practice is nearly the only mode of sustenance supplied to the medical man; consequently every kind of professional excellence, not leading to the one avenue of success, is rewarded but with poverty.

42. Every one, therefore, who is not desirous of being, like poor Otway, immortalised by starvation, will find a beacon to be avoided in the speculative branches of medicine.

43. The unchecked operation of the unfavourable causes already stated, must lead to an alarming and a calamitous diminution of the number of medical men.

44. Any counteraction of these evils cannot reasonably be expected from the *paternal* care of that Government which punishes poverty as a crime, nor yet from the spontaneous efforts of a quack-ridden population.

45. The love for their art, and the benevolent sympathy for human nature, which animate the great body of the medical profession, by prompting them to unite their great though dispersed political power, can alone create an adequate protection, in the shape of wholesome legislation, for this important national interest.

46. By an alliance with the intelligent among the laity, a powerful and manageable political lever may be formed, adequate to produce all the legal improvements desired.

47. The ends of medical reform tend to the good of the entire people; for it is the interest of the community to have their medical wants administered to by an efficient, a fairly remunerated, and a morally respectable set of functionaries.

48. This class can only be maintained in perpetuity by affording to the respectable, in point of character, property, and talent, all the inducements which the prospects of fame and fortune, the love of science, an active humanity, the assurance of a sufficient remuneration, and the unstinted patronage of a wise and liberal Government can supply.

49. The medical interests of the nation, embracing as they do considerations of public hygiene, the insuring of an adequate supply of competent practitioners, and that section of the administration of justice which is entitled medical jurisprudence, demand the care of a body of functionaries who should be important by their acquirements, by their political influence, and by the dignity of their station.

50. The high functionaries to whom these duties should be entrusted would compose a permanent tribunal, which might be entitled the NATIONAL BOARD OF HEALTH.

It is clear that these reasons go to establish the truth of the four remedial principles, which I have already designated as—1. *Unrestricted education*; 2. *Equalised corporations*; 3. *Universal suffrage among the members*; and 4. *Suppression of quackery*. These great principles being once sanctioned by Act of Parliament, all causes of jealousy and disunion would be removed. The profession would soon become acquainted with their actual strength, and learn to combine and direct it to the acquisition of political or Parliamentary influence.

In a future letter I propose discussing more fully some of the principles which are here but briefly enunciated; and I hope, also, to illustrate satisfactorily the nature of medical education, the true policy of medical remuneration, and the theory of medical etiquette. I am, Sir, your obedient servant,

D. O. EDWARDS.

Cheyne-walk, Chelsea,
Sept. 29, 1842.

NOTE FROM DR. COLLIER.

To the Editor of THE LANCET.

SIR,—I despise the spirit of jumping-up-behind surgeons. Nothing can be more contemptible,—nothing more mean,—nothing more censurable; but while I would disclaim any intention of jumping up behind Professor Liebig's triumphant chariot, suffer me to protest against the public hoisting that great man upon my shoulders—Atlas on a pigmy. I tremble with the load. He who complains that his 'kerchief has been filched from him in the public thoroughfare, prosecutes not so much by reason of the value of the article, as from a sense of public duty, and he cuts a ludicrous figure if the property turns out (as your correspondent in your last Number seems to imply in my case) the rightful property of the accused. Referring, therefore, to J. W.'s letter, if he will come forward in his own name, I hereby pledge myself to prove that the illustration quoted by him in favour of his view of the superiority of Professor Liebig's supposed claim had already been published by myself or my pupils, and the type of years gone by, and not I, shall prove it; and, furthermore, that there is not a sentence in the whole set of opinions, so far as intra-combustion is concerned, for which I will not raise the ghost of bygone type to point to a corallarium, hydrogen, carbon, azote, liver, lungs, skin, kidneys, and all inclusive. Your obedient servant,

G. F. COLLIER.

Spring-gardens, Oct. 3, 1842.

THE THEORY OF ANIMAL HEAT.

To the Editor of THE LANCET.

SIR,—In common with many other medical friends, I have been not a little astounded by the assertions of Dr. Collier in a recent number of THE LANCET. That he has taken credit to himself for merits not his own is easily shown. Thus writes Dr. Collier in 1834:—"Here we have a strong analogy between the process of nutrition and that of combustion; nearly the same materials, the same play of affinities, the same results, the same change of latent into sensible caloric." Mark that the latter portion of the sentence is printed in italics, to render it more palpable to obscure understandings that it is an original idea. And then the *original* doctor proceeds to drub unfortunate Justus Liebig for presuming to hint at such a theory; and the still more unfortunate reviewers of said Liebig for daring to suppose Liebig had made any discovery at all. Yet who is there so ignorant as not to know that *any one*, even of the least of Liebig's discoveries is more likely to be remembered by observers than all the matters that Dr. Collier ever penned? In good truth, neither the one nor the other in this case can claim a scintilla of discovery. Who does not know that the play of the chemical affinities, controlled by the active principle of life, not only evolves animal heat, but also, in infancy, builds the body, in maturity sustains it, and, when the spark of life is fled, hastens its decomposition, and reduces it to its original dust? The *germ* of all these *discoveries* is to be found in the writings of Black; was enlarged by Lavoisier and Crawford; has been expatiated on by a host of others; has been fiercely attacked by Brodie, and although undoubtedly true, yet the exact *modus operandi* is still unexplained. It has been in a variety of forms before the public for nearly, if not quite, seventy years. It has been long taught in our schools, has been assailed by many, defended by more; has sunk deeply into the minds of those who can think; has influenced their theories, modified their opinions, and often governed their practice; and now up starts "Doctor Collier" to lay claim to the honour of its discovery. I need scarcely add, I know nothing of Dr. Collier, and merely wish by a little judicious phlebotomy to restore to him the use of his senses.

ALIQUIS.

October 1, 1842.

ABUSES IN THE KINNERTON STREET SCHOOL, ST. GEORGE'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—At the approach of October we naturally look at the prospectuses of the various medical schools, and our attention is the more forcibly drawn to that in which we have ourselves carried on and completed our own studies. At the time of my entering on my London curriculum of education at St. George's Hospital, few will be hardy enough to deny that many of the teachers and officers connected with that institution were men of first-rate abilities; but, alas! they have one by one departed. Dr. Chambers resigns his office of physician, and is quickly followed by Sir B. Brodie who retires from that of surgeon, to the hospital; Dr. Hope is carried away by the hand of death; whilst Dr. Seymour vacates, first the chair of "Materia Medica," and secondly that of the "Practice of Physic."

That I may not be accused of partiality towards the latter teacher, or be considered guilty of making statements that are at variance with the sentiments of the pupils of the school, I will instance one occasion on which Dr. Nairne commenced his lecture on "Materia Medica" to *one* individual, and concluded to *four*, of his class, although his entries that session were considerably more than fifty.

But the subject of which I particularly complain is the management of the dissect-

ing-room in Kinnerton-street. Two gentlemen are put forward, and their names published, as demonstrators, who never attend in the dissecting-room, but have provided three of their pupils to remain for the space of two hours each day to initiate the junior pupils into the use of their scalpels. The consequences are lamentable, and, as might have been foreseen, the squabbles endless; whilst the unfortunate porter, amidst such a profusion of masters and multiplicity of orders, literally stands aghast. Nor is this all. Another pupil, Mr. Sayle, has been appointed curator (!) of the museum in Kinnerton-street, who asserts that no one of the subordinate demonstrators or pupils shall be permitted to enter the precincts of his dominion without his permission. I am sure if you will oblige me by inserting the above particulars in your widely-circulated Journal, you will go some way towards removing the latter-mentioned abuses. I am, Sir, your obedient servant,

AN OLD KINNERTON-STREET PUPIL.

London, Oct. 4, 1842.

THE LAST OF THE MESMERISTS.

(*From the Leeds Mercury, Sept.* 17.)

WE learn from a letter received within the last few days by a gentleman of this town from M. Lafontaine, who recently lectured on animal magnetism in Leeds, that he is at the present time in much distress in Edinburgh. Owing to some cause or other, his visit to Scotland has been very unsuccessful, his funds have failed, and he is placed in the embarrassing position of a foreigner, who cannot speak English, being in danger of incarceration for debt. Believing from our own observation of M. Lafontaine's conduct when in Leeds last winter, and from all we have heard of him in other places, that he is firmly convinced not only of the reality of animal magnetism, but of its beneficial practical application, we should be glad if this notice were to induce any parties to contribute something towards helping him out of his painful position. We shall be happy to take charge of any subscriptions, &c. The following is a translation of M. Lafontaine's letter:—

"After many mischances, at length I find myself at Edinburgh, upon the point of imprisonment for debt. I am unable to lecture, for no one has come, so that I have lost even the expenses of the lectures. The idea of a subscription in those towns which I have visited has been suggested to me. I have sacrificed my interest to the propagation of magnetism. I have endeavoured to establish its efficacy as a curative agent. I have cured many sick without ever charging them. I have established many magnetic societies, and have rendered some service to humanity. Should you succeed in the attempt, you will confer upon me an immense benefit, for, in truth, I do not know where to put my head, and there appears no alternative left, but either in a fortnight to go to prison, or to destroy myself, for I see no other chance. I trust you will pardon my thus importuning you, but since I visited Leeds I have not found a single place where I have made any money; every where I have lost, or barely covered my expenses, &c.

"LAFONTAINE."

TRANSFUSION AT THE WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—The grateful thanks of the medical students of the present, no less than of the bygone day, are due to you for your efforts to impart more vital energy to the system of medical instruction, and from those exertions we have undoubtedly derived no little advantage. I cannot, however, help regretting to see that your last week's leader was made, in part, the medium of uncalled-for personal allusion and envious detraction, instead of being confined to the merit of the question under consideration,—I refer to your comments on a case of transfusion which occurred at the Westminster Hospital. It is not my wish to take up the cudgels for any party concerned — physician, surgeons, or the St. Andrew's graduate, who dared to perform the peculiar and delicate operation in question at the request of the physician; but I do think that it would have been fair that the result should have been stated instead of the mere assertion being put forward, that the surgeons pronounced the case to have been bungled, thereby indicating that its termination had been disastrous. Now, what was the truth? The issue of the case was most satisfactory, the convalescence of the patient being speedy and complete. Of this I, among others, was a gratified witness. Perhaps your informant's memory may have gone somewhat astray as to the application of the words "bungled the case." I heard them applied by a leading medical officer of the institution to two previous cases of transfusion, in which a different party operated: I dare say some of "the medical police" you refer to can give you the particulars, which will go some way to account for the change of selection in the third instance. I trust that all three cases may be reported for the benefit of science, for I am one of those who think that more is to be learned from failure than success. Trusting you will do all parties justice by inserting this, I remain, Sir, your admirer and well-wisher,

A WESTMINSTER STUDENT.

Oct. 4, 1842.

OVERCROWDED WARDS OF HOSPITALS.

THE GLASGOW INFIRMARY.—UNIVERSITY-COLLEGE HOSPITAL.*

What must be the consequences in an hospital which is divided into *too large* apartments, is often overcrowded, and is seldom thoroughly cleansed and whitewashed? The Glasgow Royal Infirmary is such an hospital, and the mortality after amputations and other surgical cases, is just such as will follow the breathing of an impure air. The progress of surgical cases in this hospital is calculated to strike with astonishment the surgeon who has witnessed practice chiefly in healthy situations. Wounds, which he would have considered too simple to demand his attention in the house of the poorest peasant, here not unfrequently set every effort at defiance which the liberality of the managers can afford. When the wards are even filled only with their usual complement, hospital disease, in some form, frequently does much havoc. I have seen four or five patients, in the same apartment, similarly affected. The following illustrations of the occasional fatal tendency of the air are by no means uncommon in this house. They are selected as unequivocal instances of death from hospital affections, the diseases on admission being too trivial to occasion the fatal result:—A woman, with a varicose aneurism on the lower lip, had an incision about an inch in length made on one side, to destroy its vascular connections; phlebitis and death were the result.—A man had an injection thrown into the tunica vaginalis testis, for hydrocele; phlebitis followed, and terminated, as usual, fatally.—A young man was admitted, in consequence of a slight bruise on the dorsum of foot; subfascial inflammation, phlebitis, secondary deposits, and death, supervened.—A man admitted with disease of the lower maxillary bone was suddenly seized with erysipelas, and died. The disease was prevailing extensively in the ward at the time, and several had narrow escapes.—As to deaths from hospital diseases, following amputations, I add a few circumstances to prove that the state of the wards influences the result. When a gentleman was acting-surgeon who is universally granted to be an expeditious and excellent operator, and who devotes much attention to the after-treatment, the wards were constantly over-crowded, and the mortality alarmingly great. A short time after, the wards were unusually empty, and I saw two amputations followed by union by the first intention, and an entire cure, with the formation of only a few drops of pus. I have seen stumps which looked healthy during the week that no new patients were admitted into the ward, assume diseased action when crowded during the following week. Dissection shows the *causa mortis* in a large proportion of amputation cases, to have been those diseases which are almost peculiar to hospitals, such as, dysentery, erysipelas, phlebitis, subfascial inflammations, and secondary deposits. Stumps, during the treatment in this house, frequently exhibit all those appearances described by Alanson, Blizard, Blane, Hennen, and Barons Larrey and Percy, and attributed by those authorities to hospital causes. Ulcers which, without treatment or cleanliness, have advanced slowly during a series of years before admission, after the patient has been in the wards for some weeks have commenced to slough extensively, occasionally requiring the removal of the limb. Wounds, all but cicatrised, have been attacked by erysipelas, sloughing or hospital gangrene, which could only be checked by removal to a better atmosphere. For some of the patients who present themselves, it is a very improper refuge. Out-door labourers, from a distance, generally in robust health, accustomed to air fresh and untainted, are suddenly introduced; disease and death are on every side, the natural buoyancy of their minds leaves them, and they fall under depressing passions. Chronic cases, brought from the country after the constitutional powers are weakened by disease and remedial agents,—if an operation be performed under these circumstances, in a place where the most favourable cases narrowly escape, is it surprising that the result should be fatal?

Country surgeons are seriously to blame for sending such cases at any time to any hospital; indeed, no person cognisant of the real state of matters there would do so. The limb may, perhaps, be more *scientifically* removed; but this advantage will be much more than counterbalanced by the inferior air of the hospital. I am satisfied that a patient has a better chance of recovery in the most inconvenient house in the poorest village, than in any large hospital. I cordially assent to the opinion of a surgeon of considerable hospital experience, "that he would rather operate in the lowest hovel in Glasgow, than in its Royal Infirmary." The accommodation for surgical cases in that institution is insufficient, and the wards are therefore generally too full. Each surgical ward has very often contained from 19 to 21 patients. The number is by far too great. It rarely indeed happens, that one or more bad cases, calculated to contaminate a whole ward, do not present themselves out of every seventeen. Large wards are much more fatal than small ones. There should rarely be more than five beds in one apartment, if even that number. A recent excellent paper, by M. Malgaigne, Chir. de l'Hospice de

* Analysis of statements in Mr. A. King's Probationary Essay on Amputation, Faculty of Physicians, Glasgow, 1842.

Bicêtre, in the "Archives Generales," May, 1842, (one of the most valuable contributions to the statistics of amputation hitherto published,) affords a good corroboration of the correctness of these statements, from which I avail myself of a quotation:—

"Je n'ai pas eu depuis lors à ma disposition tous les comptes rendus des hôpitaux; mais ce qui suit suffira de reste pour achever la démonstration,

	Patients.	Deaths, 1 in
Hôpital des Vénériens ..	3496 ..	70
Maison de Santé	344 ..	142
Hôpital des Vénériens ..	2362 ..	60
Maison de Santé	316 ..	316
Hôpital des Vénériens ..	3094 ..	50
Maison de Sainté	356 ..	178."

The Glasgow Infirmary does not admit of being properly ventilated. Fresh air can only be introduced by the doors and windows in currents. The patients nearest the doors either cover themselves entirely with bedclothes, and raise the temperature by the respired air, or they take the first opportunity of closing up every crevice. When the apartment is thus warmed, and the atmosphere by degrees becomes unpleasant, it attracts the attention of the nurse, and a window is opened, and the air rushes in, a fruitful source of evil to the inmates. Nurses are sometimes blamed for having the apartments in a condition which does not please the visiting surgeon, although they cannot, by means of doors and windows, maintain a proper temperature. The error lies in the method of ventilation.

Until the publication of Dr. Lawrie's tables, the mortality in this infirmary, after amputation, was probably never brought under the notice of the managers. He showed the profession that the deaths after amputations, from 1794 till 1838, averaged 36 per cent.; and even that I believe is much below the average mortality at the present period. I have examined the journals for 1839 to 1842, and find the result to be more unfavourable:—

Amputations in Glasgow Infirmary, from May, 1839, to May, 1842.—For disease of the forearm, thigh, and leg, 22 cases and 8 deaths; primary, for injury of the shoulder-joint, wrist, forearm, arm, thigh, and leg, 23 cases and 13 deaths; secondary, for injury of the shoulder-joint, arm, thigh, and leg, 13 cases and 8 deaths: total, 58 cases and 29 deaths.

Compare this table with the amputations at University-College Hospital, London, furnished by Mr. Potter. The hospital was established about five years ago, and the cases are given from the commencement:—

Amputations in University-College Hospital.—For injury, primary, of the arm, forearm, wrist, thigh, leg, and both legs, 10 cases and 3 deaths; for disease, and secondary, of the shoulder-joint, arm, forearm, thigh, and leg, 56 cases and 7 deaths.

The difference cannot be purely accidental. I do not think that it can be accounted for by any difference in the mode of operating or after-management, but attribute the greater success to the short period the hospital had been occupied, and consequent comparatively pure atmosphere, and absence of animal contagion. I have often been told that matters are as unfortunate elsewhere; but that is not so, for with the exception of the Parisian hospitals, no other gives 50 per cent. of deaths; and a remedy can be discovered for the evil. The directors of the Edinburgh Infirmary have commenced extensive alterations, to improve the salubrity of their surgical wards, which had lately proved very destructive to life.

I do not think that amputation is attended with a large mortality when the external circumstances are favourable. During seven years in a rural district I heard of only one fatal case (the patient died on the table), although I carefully ascertained every termination within a circuit of some miles. I have invariably found that members of the profession in country practice do not consider it a fatal operation. Indeed, if a country surgeon were to lose every second or third case, such a *fama* would be raised against his reputation, that he would soon have few opportunities of using the knife. As to phlebitis and secondary inflammations, I never witnessed a death from those causes, excepting in hospitals; and it may be remarked that a junior surgeon in a country district has a much better field for witnessing surgical cases than his compeers in large cities, where the patients most liable to injuries are almost universally sent to an hospital.

THE ERGOT OF RYE IN HYDROPHOBIA.

To the Editor.—Sir, After a careful consideration of the treatment most commonly adopted in cases of hydrophobia, it has occurred to me that the ergot of rye might possibly affect beneficially the frightful spasms and convulsions accompanying this disease, and thus afford more scope for the action of such other remedial means as it might be deemed advisable to employ. If given immediately upon the first manifestation of the disease, from the peculiar action of the ergot upon the motor system, I cannot but hope some good would accrue by its judicious administration. I am, Sir, yours obediently,

THOMAS EMBLING.

Brompton-row, Oct. 4, 1842.

ABSCESSES.

It is sometimes recommended to open abscesses by caustic. In doing this I have found the abscess disappear, an excitement being given to its walls, absorption of the abscess resulting. So blisters, although used to accelerate thinning the wall and pointing, may dissipate the abscess, and in more chronic cases electricity is used for a similar purpose. Abscess sometimes requires opening. It does, when under a fascia which offers long resistance to it. When near the rectum, also, or the matter will extend into the cellular membrane. Also, when about the throat, lest it ulcerate towards the irritable portion of the glottis, and suffocate. In either case, when opened naturally or by art, guard against a sinus, by renewed attention to health. Let the matter have free exit that the cavity may granulate and fill up. In other cases you may be anxious to bring on abscess—the suppurative process. Then moderate the inflammation; diminish pain by opiates joined to bark and wine; steam the part, or foment, using the flannel bag, with chamomile flowers and poppies, and employ maturating poultices, containing the resins and warm gums. In the more chronic abscess the gum-plasters are applied. Large abscesses require care in opening, from the great surface dangerously exposed. Puncture them only. Lay the flat head of your probe on the side of the lancet, and hold them firm. When you have penetrated to the matter, by a motion of your thumb introduce the probe further, and withdraw the lancet; or use the directory in the same manner, its groove serving for a canula. The probe or directory permits the matter to flow, and supersedes much poking in the wound, which makes the union of the puncture uncertain. Surgeons employ a grooved needle to explore a doubtful tumour. Then avoid reaction and fever, by bringing the lips very accurately together, so that no clot or coagulable matter be between them, and no fat protrudes. Apply adhesive plaster neatly, and over that a compress, and over that a longer and broader adhesive strap. Then support the sides of the abscess. Use the compress of lint and the uniting bandage (a double-headed roller), so as to prevent the matter from re-accumulating and distending the walls. You will be repaid by the constitution suffering no disturbance. After a time you repeat the operation, and perhaps a third time. The abscess being diminished in size, it is finally opened, to remain so. Or, the abscess may be opened by caustic. The caustic, moreover, would excite it to activity, as well as open it by slow sloughing. But, further, it deadens the wall, which the lancet may then perforate. Besides ultimately evacuating the matter, time is thus given for contraction of the abscess before the slough caused by the caustic separates by ulceration, and consequently before the irritation of the wound is propagated to the walls. Authors seem not to know all this. In the treatment, dispense, if possible, with setons. Some deride depending orifices, but it is often necessary to make a counter opening by passing the gunshot-probe and cutting upon it, or by using the instrument of Asselini. There is very ignorant writing on this subject. A seton is not required for an abscess unless there be irregular openings into neighbouring parts. It is used to maintain a free discharge in one direction, whilst the compress or roller procures adhesion in the recesses or sinuses of the cavity. A touch with kali purum in the lips of the orifice will do the work of the seton, if the orifice is merely to be kept open. Cases will occur where you dare not use the roller, and yet must support the limb against œdema, or gently to express matter. Then add a portion of emplastrum plumbi to an ointment, and spread it on slips of linen. Put these obliquely round the limb, one over the other, preserving equal pressure, but not too much. In treating abscesses, to prevent obstinate sinuses, remember your anatomy, to ensure perfect rest, for motion and friction of the parts often keep up spurious sinuses. A fistula under the pectoral muscle resisted every treatment until the patient broke his arm. In abscesses of the temple bind up the jaw. —*Lectures of Sir Charles Bell, at Edinburgh.*

HÆMORRHAGE.

The patient (having all the indications of this) faints. Lay him down, that the circulation in the brain may be maintained. I have just lost a friend by the stupidity of some new attendants, who *would* hold him up. The surgeon may take advantage of a faint to proceed to operate, but never let him purposely bleed *ad deliquium*, in order to operate without pain. The knife may restore sensibility and suffering, and then his subsequent means of restoration may fail. In hæmorrhage from an artery authors have all omitted to notice how coagulation may be produced in it. The influence of the living coat of the artery preserves the blood fluid. Deprived of this influence it coagulates. The loss of blood causes the powers of life to recede, and tends to cause the feeble orifice of the artery to close by coagulation. Thus, in wounds, with hæmorrhage into the cavity of the abdomen or the chest, you desire to produce deliquium, that the clot may form in the mouth of the bleeding vessel. An artery stops bleeding if disturbed, but continues to pour out blood, if opened without injury to its coats. Many years ago I showed that pinching an artery, during an operation, with a forceps, would stop the bleeding. Thus,

torsion of arteries is nothing but injuring the coats. So, division with a piece of glass may be fatal, while the same artery cut with a ball, will not bleed. Remember that nothing keeps the blood fluid but the inner surface of its artery or vein. If an artery be cut across, the end retracts, and the blood in it has to encounter the elasticity of the retracted end, successfully, before it can escape. Thus, if in bleeding from the temporal artery, you open its side, you obtain blood; but, desiring to stop it, you cut it across. The spirit of Mr. John Bell would be well employed in exposing the vanity of writers who do not yet comprehend the very first principles of this subject. His labours prove the great importance of attending to the condition of life in the vessels, and the influence of it on the coagulation of the blood, and the formation of the clot. It is thus easy to understand the propriety of using styptics. They injure the living coats, and facilitate coagulation. Mr. Abernethy believed that styptics acted on the blood. I have no evidence of this. Exposure to air acts as a styptic. Wine and spirits, mineral acids, alum in solution or in powder, and sulphate of copper, are styptics. To use them, dip a dossil of lint in muriated tincture of iron, and apply it directly to the artery, supporting it with the compress and uniting bandage, but as they are injurious to the general surface of the wound they are seldom employed. The actual cautery is very seldom used. It is held in reserve for desperate cases, fungous surfaces, and deep cavities. Horror at it is absurd. The application is not painful. The best reason against it in large arteries is, that the slough, after a time, will be thrown off, and the hæmorrhage return. Scientific and mechanically correct compression is a more legitimate mode of stopping hæmorrhage, and may be made effectual. It is a resource, but I do not recommend it. The compress must be in contact with the artery. The *graduated* compress (a succession of compresses of folded lint, each larger than the other) is placed upon the bleeding point; the smallest fold first, a larger over that, so that the whole has a conical form, the apex downward, and pressing upon the artery. Sometimes a small dry piece of sponge is put down on the orifice of the vessel, and the gradual compress over it. Over the lint the double-headed roller is applied, taking care that the limb is uniformly supported, otherwise œdema will occur. But as there is no injury or inflammation of the artery produced by contact of the foreign body, there is no glueing by coagulable lymph, and when the roller slackens there is bleeding. Compression *may* be made effectual; it is a resource; but I do not recommend it.—*Lectures of Sir Charles Bell, at Edinburgh.*

MONEY-LENDERS.—*To the Editor.*—Sir, In your last Number I read a letter signed "A Sufferer," calling your attention to the subject of "money-mongers" in the neighbourhood of the hospitals. You will, Sir, be not a little surprised when I tell you that one of these harpies is a tenant under * * *. The mischief he has caused is incalculable, but still he is suffered to remain, a disgrace to the institution whose governors allow it, and a constant temptation to the thoughtless and needy student. By the insertion of these few lines you may be the means of saving some of the latter from ruin, and perhaps of rousing the former to the removal of so great a nuisance. I am, Sir, your most obedient servant,

M. R. C. S. L.

October 5, 1842.

INSPECTORSHIP OF ANATOMY.

MR. RUTHERFORD ALCOCK and Mr. BACOT have been appointed by the Secretary of State to this office, rendered vacant by the resignation of Dr. Somerville. The metropolitan district is entrusted to Mr. Alcock, and the provincial to Mr. Bacot. We trust that these appointments may be the means of conferring benefit upon the distribution of subjects for dissection—in increasing the supply, and at the same time diminishing the tax upon the student.

BOOKS RECEIVED.

Interlineal Translation of the Preface to the London Pharmacopœia. London: published by Mrs. Jackson, King-street, back of Guy's Hospital. Price One Shilling.

Beschreibung eines Krankheitsfalles, in welchem ein grösseres Stück Lungensubstanz, mit seinem Bronchus und zweien Bronchial-Knorpeln, ausgeworfen wurde. Von Dr. Joël, praktischem Arzte in Berlin. (Abgedruckt aus dem Hufeland'schen Journal für praktische Heilkunde. Januar-Heft, 1842.) Berlin, 1842. Gedruckt bei F. Nietack.

CORRESPONDENTS.

W. B. J.—There is no such circulating medical library. It is much to be regretted that one is not formed in a central situation; it would be productive of considerable advantage to medical students.

Approving the views of *D*, we shall make what perhaps he will regard as a more influential use of his remarks than might characterise them in the original form, since they were anonymous.

A correspondent remarks, "I have read in THE LANCET recently, the strange assertion of Mr. Stevens, that serum is excreted

in cholera. It should be remembered that an assertion is quite distinct from a proof. To prove such a fact (which it is not at all likely will be proved) would require at least a fortnight's hard labour in the laboratory, and the most accurate chemical knowledge. It would be beneficial to medical science if you, Sir, would point out the fallacy of inquirers pursuing any other than the proper mode of inquiry into such matters."

Sir,—In 1836 there was published at 15s. the first volume of a work, by Mr. Alfred Taylor, intituled "Elements of Medical Jurisprudence," in the preface of which he says, "In the second volume, which will complete the work, I propose to treat of toxicology, fœticide, &c., in relation to medical jurisprudence." I have looked, year after year, for the fulfilment of the author's promise, and, at the termination of six years and three quarters, instead of the second volume, I see announced for publication a "Manual of Jurisprudence, by the same gentleman." Now, I think it right thus publicly to ask Mr. A. Taylor, whether he intends publishing the toxicology, &c., in a separate volume, to complete his former work, or whether he leaves the possessors of the first volume of his "Elements" to repurchase its contents in his forthcoming "Manual of Medical Jurisprudence." I remain, Sir, yours, &c., ENQUIRER.

Sir,—If the gentleman who prescribes *black pitch* would also prescribe for a disease which it has caused, viz., a body covered with red spots, with a severe itching sensation—(no piles, but used for its aperient qualities, and without the gum arabic)—he would oblige your humble servant, A SUFFERER.

Sir,—Is a member of the College of Surgeons who has been a year in her Majesty's service as assistant-surgeon of the navy, liable to prosecution by the Apothecaries' Company for practising as a surgeon and apothecary?—**** He is, if he be not a licentiate of the hall.—ED. L.

Sir,—I am going to start my son in your profession, and was about to bind him for five years to a surgeon-apothecary, but a medical friend having told me that such apprenticeship is not now required, and that he may proceed with his medical studies (by attendance on lectures, dissections, hospitals, &c.) until he is prepared for the examinations (which will be granted without the production of indentures of apprenticeship, as formerly), I will thank you to inform me on this subject, in an early number of your very useful LANCET. I am, &c., E. G., Bristol, Sept. 30.—**** Our correspondent has been misinformed. The apprenticeship is necessary if he intend that his son shall act as a surgeon in general practice. We publish the vote with this answer, because similar questions, to which the same answer will apply, reach us by almost every post in the week.

Sir,—If a medical man inoculates a patient for small-pox, taking care not to allow the patient to expose himself during his illness, is such medical man liable to a legal penalty for his conduct? Yours, &c., VACCINATOR. Sept. 28, 1842.—**** He is liable. —ED. L.

To the Editor.—Sir, Below is a copy of a diploma granted by the Apothecaries' Company. In what part of England and Wales is the party named in it entitled to practise? Yours, &c., A CONSTANT READER.

"The Court of Examiners, chosen, &c., do hereby certify that Mr. A. has been by us carefully examined, &c.; and we further certify that the said Mr. A. is duly qualified to practise as an apothecary. Nov., 1818. Apothecaries' Hall, London."

**** He may practise in any part of England or Wales, excepting London.—ED. L.

Students' Room, Charing Cross Hospital, Sept. 16, 1842.—Sir, What is the reason that the physicians refuse to have the name of the disease under which the patient is suffering placed over the bed-head? I should, with many of my fellow-students, feel the advantage of adopting the practice. Yours, &c., SPRING SESSION.—**** It is withheld, probably, because the physicians do not understand the disease. If they did, they could have no objection to giving to every malady its appropriate name.—ED. L.

A Sufferer.—We did not commend the *lectures* of the second party in question, good or ill; but made reference only to his attendance on the patients.

The communication of *Mr. Davey*, and the papers of many other correspondents, which want of space has prevented us hitherto from inserting, are in type, and will appear probably next week.

Errata in the Paper of Sir Charles Scudamore.—To the Editor,—Sir, I beg the favour of you to insert the following formulæ of my prescriptions, pp. 714 and 715 of your Journal, Aug. 20, 1842, in which I find some important errata.* I am, Sir, your obedient servant, CHARLES SCUDAMORE, M.D., F.R.S. Wimpole-street, Sept. 27, 1842.

Mixture for Inhalation.—℞ *Iodinii puri; Iodid. potassii*, aa, gr. vj; *Aquæ destillat.*, ℥v. ℥vj; *Alcoholis*, ℥ij. M. fiat mistura in inhalationem adhibenda.

Compound sarsaparilla mixture.—℞ *Corticis radic. sarsaparill. contus.*, ℥iij; *Liquoris calcis*, ℥xij. Macera per horas duodecim et cola.

℞ *Hujus colat.*, ℥xj; *Syrupi corticis sarsaparillæ*, ℥vj; *Liquoris alkalini* (Brandish), ℥ij ad ℥iij; *Tinct. aurant.* vel *tinct. gentianæ compos.* ℥ij ad ℥ss; *Iodid. potassii*, gr. ix ad gr. xij. M. fiat mistura.

* The proofs were forwarded to the author, and his corrections made.—ED. L.